

<b>Case Number:</b>	CM15-0189454		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, North Carolina  
Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old female, who sustained an industrial injury on 1-19-12. Current diagnoses or physician impression includes lumbago, sciatica and lumbar disc herniation. Her work status is temporary total disability. A note dated 8-4-15 reveals the injured worker presented with complaints of low back pain and insomnia. A note dated 5-13-15 reveals complaints of headaches, neck pain that radiates down the right hand with numbness to the right thumb and low back pain that travels down her legs bilaterally with numbness. A physical examination dated 8-4-15 revealed tenderness noted in the lumbar spine. Treatment to date has included lumbar epidural steroid injection and medications; Tramadol, Lunesta, Protonix and Gabapentin-Lidocaine in trigger point gel (for at least 6 months). Diagnostic studies to date have included lumbar MRI. A request for authorization dated 8-4-15 for Gabapentin-Lidocaine TGP #10 10%, 2% gel #60 is denied, per Utilization Review letter dated 8-27-15.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Gabapentin/lido TGP #10 10 %/2 % gel #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled studies to determine safety or efficacy. Many of these agents have little to no research to support their use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the request is for Gabapentin/lido TGP #10 10%, 2% gel is not medically necessary.