

Case Number:	CM15-0193691		
Date Assigned:	10/08/2015	Date of Injury:	02/22/2013
Decision Date:	11/16/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/01/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

CLINICAL CASE SUMMARY

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

This 59 year old male sustained an industrial injury on 2-22-13. Documentation indicated that the injured worker was receiving treatment for lumbago. Recent treatment consisted of home exercise and medications. The injured worker underwent a colonoscopy with polypectomy on 2-13-15 that revealed hemorrhoids and mild sigmoid diverticulosis. The physician recommended fiber supplementation and avoiding non-steroidal anti-inflammatory medications for one week. In the most recent assessment submitted for review, a PR-2 dated 4-15-15, the injured worker complained of unchanged, intermittent low back pain with radiation to bilateral lower extremities, rated 3 out of 10 on the visual analog scale. Physical exam was remarkable for lumbar spine with tenderness to palpation to paraspinal musculature with spasms, positive seated nerve root test, "guarded and restricted" standing flexion and extension and "normal" strength and sensation. The treatment plan included continuing home exercise and medications (not specified). On 9-23-15, Utilization Review noncertified a request for Lidocaine 5% Gabapentin 10% gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Lidocaine 5% Gabapentin 10% gel: Upheld

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

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

Decision rationale: Per the guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm is FDA approved only for post-herpetic neuralgia and the worker does not have that diagnosis. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical 60 Lidocaine 5% Gabapentin 10% gel in this injured worker, the records do not provide clinical evidence to support medical necessity. The request is not medically necessary.