

Case Number:	CM15-0197046		
Date Assigned:	10/12/2015	Date of Injury:	09/28/2012
Decision Date:	11/24/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 36 year old male, who sustained an industrial injury on 9-28-12. The injured worker was diagnosed as having lumbar spine sprain or strain and chondromalacia of patella. Treatment to date has included right knee revision endoscopic anterior cruciate ligament reconstruction on 8-7-15 and physical therapy. Physical examination findings on 9-17-15 included full knee extension to 115 degrees. The treating physician noted "the knee is stable to gentle Lachman testing". The injured worker's pain ratings were not noted in the provided medical records. On 9-17-15, the injured worker complained of low back pain and right knee pain. On 9-18-15 the treating physician requested authorization for Gabapentin 10%, Lidocaine 2% gel, Aloe 5%, Cap 0.25%, Men 10%, Cam 5% cream 120g. On 9-29-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Lidocaine 2% gel/Aloe 5%/Cap 0.25%/Men 10%/Cam 5% cream 120gms: 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): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." Therefore, the request is not medically necessary.