

Case Number:	CM15-0199256		
Date Assigned:	10/14/2015	Date of Injury:	02/04/2010
Decision Date:	11/23/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/09/2015

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
 Certification(s)/Specialty: Emergency 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 48 year old female, who sustained an industrial injury on 02-04-2010. She has reported subsequent low back and lower extremity pain and was diagnosed with lumbago. Treatment to date has included pain medication and chiropractic therapy, which were noted to have failed to significantly relieve the pain. There was no documentation of an intolerance to oral pain medication. In a progress note dated 06-08-2015, the injured worker reported low back pain radiating to the lower extremities that was rated as 8 out of 10 and was noted to be worsening. Objective examination findings showed palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, guarded and restricted standing flexion and extension, tingling and numbness in the lateral thigh, anterolateral and posterior leg and foot in L5 and S1 dermatomal patterns with asymmetric ankle reflexes. Work status was documented as maximal medical improvement. The treatment plan included refilling medications, although the specific medications being requested was not listed, a course of chiropractic therapy of the lumbar spine and a lumbar brace. A prescription form dated 07-30-2015 was submitted that lists topical Flurbiprofen-Capsaicin, Ketoprofen-Capsaicin and Gabapentin-Capsaicin as well as other medications, which are difficult to decipher. A request for authorization of Lidocaine 5%/Gabapentin 10% cream gel qty: 60 was submitted. There is no rationale for the request. As per the 09-16-2015 utilization review, the request for Lidocaine 5%-Gabapentin 10% cream gel qty: 60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5%/Gabapentin 10% Cream Gel QTY: 60: 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 rationale: The requested Lidocaine 5%/Gabapentin 10% Cream Gel QTY: 60 is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has low back pain radiating to the lower extremities that was rated as 8 out of 10 and was noted to be worsening. Objective examination findings showed palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, guarded and restricted standing flexion and extension, tingling and numbness in the lateral thigh, anterolateral and posterior leg and foot in L5 and S1 dermatomal patterns with asymmetric ankle reflexes. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Lidocaine 5%/Gabapentin 10% Cream Gel QTY: 60 is not medically necessary.