

Case Number:	CM15-0205843		
Date Assigned:	10/22/2015	Date of Injury:	01/14/2015
Decision Date:	12/03/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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: 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 27 year old male, who sustained an industrial injury on 1-14-2015. The injured worker was being treated for cervical, thoracic, and lumbar spine sprain and strain. The injured worker (9-1-2015) reported ongoing lower back pain, which increases with sitting and standing. He rated the pain a 9-10 out of 10. The physical exam (9-1-2015) reveals painful flexion and extension, tenderness in the paraspinal muscles, palpable spasm of the bilateral piriformis muscles, positive bilateral straight leg raise, and some weakness in the L4-5 (lumbar 4-5) nerve distribution. The injured worker (9-17-2015) reported ongoing pain of the cervical, thoracic, and lumbar spines. The physical exam (9-17-2015) reveals decreased range of motion. The MRI of the lumbar spine in neutral (dated 9-3-2015) stated that there were 1-2 mm broad-based disc protrusions at L4-5 and L5-S1 (lumbar 5-sacral 1) resulting in bilateral neural foraminal narrowing. The MRI stated there was bilateral exiting nerve root compromise. The MRI of the lumbar spine in flexion and extension (dated 9-3-2015) stated that there was stable disc pathology at L4-S1. The MRI of the thoracic spine (dated 9-4-2015) stated that there were 1-2 mm disc protrusions at T6-7 (thoracic 6-7), T7-8 (thoracic 7-8), T8-9 (thoracic 8-9), and T9-10 (thoracic 9-10) without evidence of canal stenosis or neural foraminal narrowing. The MRI of the thoracic spine (dated 9-4-2015) stated that there was a 2-3 mm broad-based posterior disc protrusion at T10-11 (thoracic 10-11). The MRI of the cervical spine in neutral (dated 9-9-2015) stated that there was nonspecific straightening of the normal cervical lordosis, query strain and 1-2 mm broad-based disc protrusions at C2-C6 (cervical 2-cervical 6) without evidence of canal stenosis or neural foraminal narrowing. The MRI of the cervical spine held in flexion and

extension (dated 9-9-2015) stated that there was persistent nonspecific straightening of the normal cervical lordosis with strain and stable minimal disc protrusion within the cervical spine. Treatment has included chiropractic therapy, work modifications, and medications including oral pain, transdermal cream, proton pump inhibitor, and non-steroidal anti-inflammatory. The treatment plan included transdermal cream. Per the treating physician (9-17-2015 report), the injured worker was to remain off work. The requested treatments included compound medication: Gabapen/Lido. TGP #10 (10%, 2% gel). On 9-29-2015, the original utilization review non-certified a request for compound medication: Gabapen/Lido. TGP #10 (10%, 2% gel) 120 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Gabapen/Lido.TGP #10 (10%, 2% gel) 120grams: 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: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, drenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients (gabapentin) which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.