

<b>Case Number:</b>	CM15-0020288		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Arizona, California, Florida  
 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 40-year-old male who reported an injury on 02/11/2014. The mechanism of injury was a motor vehicle accident. Surgical history included right shoulder surgery. The injured worker underwent an electrodiagnostic study on 09/202014 which revealed the injured worker had cervical radiculopathy on the left side most likely at C6, although the possibility of C5 and C7 could not be excluded. There was a request for authorization submitted for review dated 01//12/2015. The documentation of 01/12/2015 revealed the injured worker had complaints of knee pain and had been utilizing ibuprofen as needed. The physical examination revealed tenderness to palpation in the cervical spine and paraspinous muscles. The injured worker had decreased range of motion with lateral flexion. The injured worker had decreased sensation in the leg and decreased strength. The diagnoses included lumbar strain, left knee internal derangement, meniscus tear, cervical spine strain, left knee sprain, and ankle sprain. The treatment plan included continuation of conservative care including medications, exercise and TENS. The injured worker was dispensed topical LidoPro ointment and gabapentin 100 mg capsules.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drug (AED).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. The clinical documentation submitted for review indicated the injured worker had neuropathic pain. This medication would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. As such, the request for Gabapentin 100MG #60 is not medically necessary.

**LidoPro 121GM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines (May 2009), Lidocaine Topical, Salicylate Topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Topical Analgesic; Topical Capsaicin; Lidocaine Page(s): 105; 111; 28; 112.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. Additionally, there was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations as a formulation over 0.025% has not been shown to provide a greater efficacy. The request as submitted failed to indicate the body part to be treated and the frequency for the medication. Given the above, the request for LidoPro 121 gm is not medically necessary.

