

<b>Case Number:</b>	CM15-0224947		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	07/27/2015
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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, Oregon, Washington  
Certification(s)/Specialty: Orthopedic Surgery

### 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 24-year-old male, who sustained an industrial injury on July 27, 2015. He reported injury to his right hip, right shoulder and right knee. The injured worker was currently diagnosed as having acetabulum fracture right hip, right shoulder sprain and strain and right knee contusion. Treatment to date has included diagnostic studies and medication. On October 7, 2015, the injured worker complained of occasional pain in his right shoulder described as popping, sharp and numbness. The pain was rated as a 5 on a 0-10 pain scale and was noted to be improving. He complained of occasional pain in his right hip described as aching. The pain was rated a 6 on the pain scale and was noted to be the same. He complained of occasional pain in his right knee described as numbness and weakness. He rated the pain as a 5 on the pain scale and was noted to be the same. His pain was reduced with rest and activity modification. On the day of exam, he was reported to be taking ibuprofen for pain and found it helpful. The treatment plan included acupuncture, functional capacity evaluation, physical therapy, Lidocaine 6% Gabapentin 10% Ketoprofen 10% 240 grams, Lidall patches, Motrin and a follow-up visit. On November 4, 2015, utilization review denied a request for Lidocaine 6% Gabapentin 10% Ketoprofen 10% 240 grams with three refills and Lidall patches #30 with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%, 240 grams with refills x 3: 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:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. 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." According to CA MTUS guidelines the use of topical gabapentin is "not recommended." There is no peer-reviewed literature to support use. In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

**Lidall patches #30 with refills x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

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

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding 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. In this case, the exam note from 10/7/15 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. Additionally this patient does not have a diagnosis of post-herpetic neuralgia or neuropathic pain. Therefore, the request is not medically necessary and non-certified.