MAXIMUS Federal Services

Case Number:	CM15-0048803		
Date Assigned:	03/20/2015	Date of Injury:	03/14/2011
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/16/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 46 year old male who sustained an industrial injury on 3/14/2011. His diagnoses, and/or impressions, include osteoarthritis: knee & hip; lumbar sprain/strain; knee sprain/strain; lumbar degenerative disc disease; status: post surgical; and left knee pain likely due to arthritis from overcompensation of the right knee. There is no record of recent magnetic resonance imaging studies. A qualified medical examination report and comprehensive psychological assessment is noted to have been done on 7/17/2014. He has been treated with Gabapentin, Naproxen, Lidopro cream, transcutaneous electrical stimulation unit therapy, home exercise program and injection therapy: left knee. In the progress notes of 2/12/2015, the injured worker reports a re-injury to his back while at work, and increased left knee pain since his last visit. His treating physician reports that the injured worker is alert and oriented and that the skin is clean dry and intact, otherwise no objective findings were noted. He states that all medications have been denied by insurance and he is requesting Gabapentin 300mg, #60, with 1 refill, and topical Lidopro cream 121 grams, x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Anti-epileptic drugs) Page(s): 16-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS, Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered to be first line treatment for neuropathic pain. Continuous use of Gabapentin cannot be certified without documentation of efficacy. Therefore the request for Gabapentin 300 mg #60 with 1 refill is not medically necessary.

LidoPro Cream 121g with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Lido Pro cream, with 2 refills is not medically necessary.