MAXIMUS Federal Services

Case Number:	CM15-0054175		
Date Assigned:	03/27/2015	Date of Injury:	08/11/2013
Decision Date:	05/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 8/11/13. He reported headaches, back pain, and bilateral ankle pain. The injured worker was diagnosed as having lumbago, sciatica, and ankle sprain/strain. Treatment to date has included 2 L4-5 epidural steroid injections, Toradol injections, physical therapy, and chiropractic treatment. A MRI obtained on 10/17/13 revealed lumbar radiculopathy secondary to pars defects at the L3 and L4 levels bilaterally with disc herniation at the L3-4 and L4-5 levels. Currently, the injured worker complains of back pain that radiates to bilateral legs associated with weakness and numbness. Bilateral knee pain was also noted. The treating physician requested authorization for Gabapen/Lido TGP #10 10%, 2% gel #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapen/Lido TGP #10 10%, 2% gel #120: 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): 111-113.

Decision rationale: Patient complains of severe back pain that radiates into both legs. The patient also complains of bilateral knee pain worse with internal/external rotation of the knees. The current request is for Gabapen/Lido TGP #10 10%, 2% gel #120. 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. Many agents are compounded. 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. MTUS further states that Lidocaine is indicated for neuropathic pain. It is 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, Lidoderm is not indicated as a gel. MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, there is no evidence to support the use of topical Gabapentin. Review of the reports show no discussion is made regarding the efficacy and use of this topical product. The current documentation does not establish medical necessity and as such, the request is not medically necessary.