MAXIMUS Federal Services

Case Number:	CM15-0082503		
Date Assigned:	05/04/2015	Date of Injury:	02/28/1999
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/29/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 65-year-old female, who sustained an industrial injury on February 28, 1999. She reported neck and back pain. The injured worker was diagnosed as having cervical disc displacement. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, acupuncture, aquatic therapy, massage, TENS unit, steroid injections to the low back, neck and bilateral hands, medications and work restrictions. Currently, the injured worker complains of continued neck and low back pain with associated tingling and numbness radiating to the bilateral upper and lower extremities. The injured worker reported an industrial injury in 1999, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 10, 2014, revealed continued pain. She was noted to have undergone lumbar surgery on February 13, 2014 and was noted to be improving from that. Evaluation on December 15, 2014, revealed continued pain with associated upper and lower extremity symptoms. A request for retrospective use of a transdermal medication was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Gaba/Keto/Lido (Transdermal) 120ml (DOS 08/16/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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."GABAPENTIN/PREGABALIN (NOT RECOMMENDED) MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product."KETOPROFEN (NOT RECOMMENDED) Per ODG and MTUS, Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis and photosensitization reactions." LIDOCAINE (RECOMMENDED AFTER FAILURE OF 1ST LINE) ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding lidocaine, "Neuropathic pain 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)." MTUS indicates lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is not indicated for non-neuropathic pain. ODG states regarding lidocine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documets do not document the patient as having post-herpetic neuralgia. As such, the request for Retrospective: Gaba/Keto/Lido (transdermal) 120 ml (DOS 08/16/13) is not medically necessary.