

Case Number:	CM14-0111275		
Date Assigned:	08/01/2014	Date of Injury:	07/28/2003
Decision Date:	09/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42-year-old gentleman who was reportedly injured on July 28, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 7, 2014, indicates that there are ongoing complaints of cervical spine pain, back pain, and knee pain. The physical examination demonstrated tenderness over the cervical and lumbar spine and tenderness at the joint lines of the knee. There was a positive Spurling's test of the cervical spine and a positive straight leg raise test. Regarding the knee there was a positive McMurray's test and decreased range of motion. Knee surgery was stated to be pending. Diagnostic imaging studies of the right knee revealed a tear of the medial and lateral meniscus. A magnetic resonance image of the left knee revealed a torn medial meniscus and chondromalacia patella. Previous treatment includes a left knee arthroscopy, home exercise, and oral medications. A request was made for gabapentin/lidocaine/capsaicin/ menthol and was not certified in the pre-authorization process on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin / Lidocaine / Capsaicin / Menthol: 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 Page(s): 111-113.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents including gabapentin and menthol. Considering this, the request for Gabapentin / Lidocaine / Capsaicin / Menthol is not medically necessary.