MAXIMUS Federal Services

Case Number:	CM14-0115920		
Date Assigned:	09/16/2014	Date of Injury:	12/21/2009
Decision Date:	10/16/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/24/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 51-year-old female with a reported date of injury on 08/16/2001 The mechanism of injury was a fall. The diagnoses included lumbar discopathy and lumbar radiculopathy. The past treatments included pain medication, physical therapy, and surgery. The magnetic resonance imaging (MRI) of the right shoulder performed on 09/24/2010 revealed approximately 8 mm high grade partial thickness tear reaching under the surface of the proximal posterior part of the supraspinatus tendon. The surgical history included lumbar fusion in 1991. The subjective complaints on 02/10/2014 included persistent neck pain that is aggravated by repetitive motion. The physical examination of the cervical spine noted tenderness at the cervical paravertebral muscles and upper trapezial muscle with spasm. Examination of the lumbar spine noted tenderness from the lumbar paravertebral muscle. The seated nerve root test was also noted to be positive. The medications consisted of Flexeril, Fioricet and Crestor. The treatment plan was not provided for review. A request was received for Lido/hyaluronic acid 6/0.2%, 120 ml and Gaba/Lido/Caps/Menth/Camp 10/2/0.025/10/5%, 120ml. The rationale for the request was not provided. The Request for Authorization form was not provided with the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lido/Hyaluronic Acid 6/0.2%, 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The request for Lido/Hyaluronic Acid 6/0.2%, 120 ml is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In regard to Lidocaine, the guidelines state that there are no commercially approved topical formulations of Lidocaine for neuropathic pain other than Lidoderm brand patches. Therefore, as the requested topical compound contains non-approved formulation of Lidocaine the request is not supported. Additionally, the dose and frequency for the proposed medication were not provided. As such the request is not medically necessary.

Gaba/Lido/Caps/Menth/Camp 10/2/0.025/10/5%, 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The request for Gaba/Lido/Caps/Menth/Camp 10/2/0.025/10/5%, 120ml is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In regards to Gabapentin, it is not recommended for topical use as there is no peer-reviewed literature to support use. In regard to Lidocaine, the guidelines state that there are no commercially approved topical formulations of Lidocaine for neuropathic pain other than Lidoderm brand patches. Therefore, as the requested topical compound contains non-approved formulation of Gabapentin and Lidocaine which are not supported by the guidelines, the compound is also not supported. Additionally, the dose and frequency for the proposed medication were not provided. As such the request is not medically necessary.