

Case Number:	CM14-0129666		
Date Assigned:	08/18/2014	Date of Injury:	01/18/2014
Decision Date:	09/19/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/12/2014

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 Oklahoma and Texas. 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 female who reported an injury of unknown mechanism on 01/18/2014. On 05/28/2014, her diagnoses included cervical spine sprain/strain, right shoulder impingement syndrome, right wrist sprain/strain, rule out internal derangement, right carpal tunnel syndrome, and right de Quervain's tendonitis. On examination, she had tenderness to palpation of the upper trapezius muscle, rhomboid, rotator cuff, bicipital groove, and glenohumeral joint. She had a positive Phalen's and Finkelstein's test of her right wrist and hand. The progress note stated that she was provided with a 30 day supply of transdermal anti-inflammatory and analgesic medications that were believed would enhance pain relief, help restore her function, and improve overall ability for her to better perform her activities of daily living. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 gms Gabapentin 10%, Lidocaine 5%, Tramadol 15% Topical Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The request for 180 gms Gabapentin 10%, Lidocaine 5%, Tramadol 15% Topical Cream is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control, including opioids, local anesthetics, and antiepileptic medications. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer reviewed literature to support its use. Lidocaine is recommended for localized peripheral pain after there has been evidence of failed trials of first line therapy including antidepressants and antiepileptic drugs such as gabapentin or Lyrica. The only form of FDA approved topical application of Lidocaine is the 5% transdermal patch for neuropathic pain. Furthermore, the body part or parts to which this cream was to have been applied were not identified. Additionally, there was no frequency of application specified in the request. Therefore, this request for 180 gms Gabapentin 10%, Lidocaine 5%, Tramadol 15% Topical Cream is not medically necessary.