

Case Number:	CM14-0141937		
Date Assigned:	09/10/2014	Date of Injury:	09/28/2012
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/02/2014

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 Pain Medicine, and is licensed to practice in California. 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 45-year-old male who reported injury on 09/29/2012. The mechanism of injury occurred while he was lifting a piece of furniture. He felt a pain in the low back. The injured worker's diagnoses include bilateral knee strain and low back pain. The injured worker's past treatment was not included for review. An MRI of the lumbar spine dated 01/19/2014 revealed disc desiccation, straightening of the lumbar lordotic curvature, and focal central disc protrusion which causes stenosis of the spinal canal. The injured worker complained of pain to his neck, upper back, lower back, and bilateral knees. The injured worker's medication list was not included within the documentation. The request was for Gabapentin 10%, Lidocaine 5%, Tramadol 15%, 210 grams. The rationale for the request was not submitted for review and the Request for Authorization Form was also not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Lidocaine 5%, Tramadol 15%, 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): pages 111 - 113.

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

Decision rationale: The request for Gabapentin 2%, Lidocaine 5%, Tramadol 15%, 210 grams is not medically necessary. The California MTUS Guidelines indicates that topical analgesics are largely experimental in use with a few randomized controlled trials to determine their efficacy or safety and they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also do not recommend any compounded product that contains at least 1 drug or drug class that is not recommended. In regard to topical lidocaine, the formulation of the brand Lidoderm patch is the only formulation recommended, and there are no other commercially approved topical formulations of lidocaine indicated for neuropathic pain. The guidelines do not recommend Gabapentin. Therefore, the request for Gabapentin 10%, Lidocaine 5%, Tramadol 15%, 210 grams is not medically necessary. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, as the documentation failed to include sufficient documentation showing the failure of first line agents to warrant the use of gabapentin, and the use of lidocaine, and tramadol, are not supported, the compound is also not supported. As such, the request for Gabapentin 10%, Lidocaine 5%, Tramadol 15%, 210gm is not medically necessary.