MAXIMUS Federal Services

Case Number:	CM14-0143073		
Date Assigned:	09/10/2014	Date of Injury:	03/12/2009
Decision Date:	10/16/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/04/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 36 year-old with a date of injury of 03/12/09. A progress report associated with the request for services, dated 08/18/14, identified subjective complaints of neck and low back pain radiating into the extremities. The patient also had bilateral wrist and shoulder pain. Objective findings included tenderness to palpation of the cervical and lumbar spines as well as wrists and shoulders. There was decreased range of motion. Diagnoses included (paraphrased) bilateral shoulder and wrist as well as cervical and lumbar strain/sprain; and lumbar radiculopathy. Treatment had included oral analgesics. A Utilization Review determination was rendered on 08/20/14 recommending non-certification of "Gabapentin 10%; Lidocaine 5%; Tramadol 15%, #210 Grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%; 2. Lidocaine 5%; Tramadol 15%, #210 Grams: Upheld

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

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, Topical Analgesics Other Medical Treatment Guideline or Medical Evidence: www.updates.pain-topics.org; J Anesth. 2010 Oct; 24(5):705-8.

Decision rationale: The requested compound consists of gabapentin, an anti-seizure agent, Lidocaine, a topical anesthetic, and tramadol, a centrally acting opioid analgesic. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are largely experimental in use 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. The MTUS Guidelines state that gabapentin is: Not recommended. There is no peer-reviewed literature to support use. Therefore, there is no documented medical necessity for the addition of gabapentin in the topical formulation for this patient. Lidocaine is a topical anesthetic. Lidocaine as a dermal patch has been used off-label for neuropathic pain. However, the guidelines note that no other form (creams, lotions, gels) are indicated. Further, the Guidelines note that lidocaine showed no superiority over placebo for chronic muscle pain. Also, the FDA has issued warnings about the safety of these agents. The efficacy of topical Tramadol is not specifically addressed in the MTUS or the Official Disability Guidelines (ODG). There is some data that topical Tramadol has efficacy directly at an acute postsurgical site. However, there is insufficient data to assure that significant systemic absorption does not occur. Lacking definitive data on the efficacy of topical Tramadol, the medical record does not document neuropathic pain that has failed antidepressant or anticonvulsant therapy. Therefore, medical necessity for topical Tramadol has not been established. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, in this case, there is no documentation of the failure of conventional therapy, documented functional improvement, or recommendation for all the ingredients of the compound and therefore Gabapentin 10%; 2. Lidocaine 5%; Tramadol 15%, #210 Grams is not medically necessary.