MAXIMUS Federal Services

Case Number:	CM14-0146939		
Date Assigned:	09/15/2014	Date of Injury:	01/26/1998
Decision Date:	10/15/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/10/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 51-year-old female who sustained a work related injury on 01/26/1998 as result of repetitive use of typing on the computer while at work. She continues a complaint of left sided neck, shoulder and arm pain that is 9/10 with activity (lifting, typing, carrying, mopping or vacuuming) with associated numbness of her upper extremities. Her pain is relieved with physical therapy, acupuncture, transcutaneous electric nerve stimulation (TENS) unit use, cool compresses, heat and medications. Physical exam is positive for Spurling to the right, diminished right grip and triceps strength, sensory loss over the dorsum of her right hand to vibration and light touch. There is tenderness to palpation of the cervical and trapezius musculature. Bilateral costoclavicular maneuver increases her radicular sensations bilaterally in the upper extremities. It is documented that "Symptoms appear to be a combination of cervical radicular pain and thoracic outlet syndrome." Since then, the patient has complained of wrist pain. An electromyography (EMG) study obtained on 07/19/2005 identified mild focal median nerve conduction abnormality of the right wrist. Repeat EMG obtained on 11/16/2009 was found to be normal with previous finding of median nerve conduction abnormality absent. This was repeated again in March of 2014 with continued normal results. Current treatment consists of Acupuncture, Tramadol, Voltaren and topical ointments. In dispute is a decision for compounded ointment - Gabapentin 5%, lidocaine 5%, Baclofen 5% and Lidocaine 5% ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Ointment-Gabapentin 5%, lidocaine 5%, Baclofen 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 111-112.

Decision rationale: Topical analgesics (compounded) are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. It is documented on the PR-2 equivalent dated Aug 25, 2014 of a trial of Nortriptyline "with benefit". According to the guidelines, a trial of an antidepressant medication is to 'have failed' to provide relief before a topical medicinal is attempted. Additionally, the addition of Gabapentin is not recommended as there is no peer reviewed literature support for its use.

Lidocaine 5% Ointment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical AnalgesicsLidocaine (anesthetic) Page(s): 56, 112-113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Topical analgesics

Decision rationale: Lidocaine ointment (Topical analgesics): Lidocaine: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Recommended for localized pain that is consistent with a neuropathic etiology after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). As the patient meets the criteria for use, and has localized neuropathic pain from either a cervical issue or from thoracic outlet syndrome, use of this medication is medically necessary on a trial basis only.