

Case Number:	CM14-0162240		
Date Assigned:	10/07/2014	Date of Injury:	05/06/2013
Decision Date:	11/07/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/02/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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 43-year-old female who reported an injury on 05/06/2013. The mechanism of injury was transferring a patient. The diagnoses included cervical discogenic disease at C4-5 and C5-6, lumbar discogenic disease at L5-S1 and L4-5, and shoulder pain with no internal shoulder derangement. Past treatments included cervical epidural steroid injection and medications. Diagnostic studies included an official MRI of the cervical spine on 08/20/2013, which revealed multilevel cervical intervertebral degenerative disease, and C5-6 neural foraminal stenosis. Surgical history was not provided. The clinical note dated 09/22/2014 indicated the injured worker complained of pain in the neck radiating to the right shoulder, and low back pain radiating to the bilateral lower extremities. She also reported numbness in the bilateral hands and outer portions of the bilateral legs. The physical exam revealed decreased range of motion of the cervical spine, decreased pain and touch sensation in the C7 and L4 nerve root distributions, and decreased motor strength in the abductor hallucis longus, triceps, and biceps bilaterally. Current medications included Cyclobenzaprine, Tylenol, and Gabapentin/Ketoprofen/Lidocaine 7%/10%/5% compound. The treatment plan included compounded Gabapentin, Ketoprofen, Lidocaine Pcca, and Lipoderm base. The treatment plan was to provide pain relief through a topical cream, because oral medications caused gastric problems. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin; Ketoprofen; Lidocaine; Pcca; Lipoderm Base; Compounding: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for compounded gabapentin, Ketoprofen, Lidocaine, Pcca, and Lipoderm base is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control. 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. There is no peer reviewed literature to support the use of topical gabapentin. Topical NSAIDs are indicated for osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are not recommended for neuropathic pain. Topical Lidocaine in the formulation of the 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. The clinical documentation provided indicated the injured worker complained of pain in the neck radiating down the upper extremities, and low back pain radiating down the bilateral lower extremities. She also complained of numbness in the hands and outer portions of the bilateral legs. The injured worker had been taking the requested medications since 08/2014. There is a lack of documentation of the efficacy of the requested medication, including quantified pain relief and functional improvement. The request contains topical Gabapentin, which is not recommended by the guidelines as well as topical Lidocaine in a formulation not recommended by the guidelines. Additionally, the request does not indicate the quantity, frequency, or specific location for using the compounded medication. Therefore, the treatment plan cannot be supported at this time, and the request for compounded Gabapentin, Ketoprofen, Lidocaine, Pcca, and Lipoderm base is not medically necessary.