

Case Number:	CM14-0187108		
Date Assigned:	11/18/2014	Date of Injury:	10/07/2011
Decision Date:	01/06/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 56 year old female with an injury date of 10/07/11. The 12/26/13 report states the patient presents with worsening pain in the hands, wrists and lower back. Examination shows dorsal spine pain and spasm with decreased range of motion and tenderness over L4-L5 and L5-S1. The bilateral knees show crepitation with patellar compression tenderness, and the right wrist shows flexion tendon pain. Examination of the bilateral shoulders reveals decreased range of motion with palpable tenderness over the acromioclavicular joint and rotator cuff. The patient's diagnoses include: 1. Cervical and thoracolumbar spine strain and Spondylosis, 2. Bilateral shoulder impingement syndrome, rotator cuff tendonitis, increasing severity, 3. Right wrist sprain, 4. Bilateral knee sprain. The utilization review being challenged is dated 10/28/14. Two reports were provided from 07/18/13 to 12/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Gaba/Tram/Lido date of service 12/31/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams; Lidocaine, Topical Lidocaine Page(s): 111-112.

Decision rationale: The patient presents with worsening pain in the hands, and lower back with tenderness in the bilateral shoulders. The provider is requesting retrospective medication Gaba/Tram/Lido date of service 12/31/13. MTUS has the following regarding topical creams (page 111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS guidelines page 112 state regarding Lidocaine, "Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The patient appears to have started this medication 12/26/13 and the provider states it is for pain relief. This compounded topical medication contains Gabapentin, Tramadol and Lidocaine. In this case, Tramadol is not recommended for topical formulation, MTUS specifically states that Gabapentin is not recommended under the topical cream section and Lidocaine is recommended only in patch form. Therefore, the request is not medically necessary and appropriate.