

Case Number:	CM15-0010640		
Date Assigned:	01/28/2015	Date of Injury:	09/08/2011
Decision Date:	03/23/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31-year-old male sustained a work-related back injury on 9/6/2011. He was diagnosed with cervical sprain, status post open reduction internal fixation left forearm. Per the PR2 dated 9/11/2014, he was also diagnosed with headaches, memory difficulty, obesity, status post appendectomy, left radial nerve damage and severe obstructive sleep apnea. Previous treatments include medications and surgery. The treating provider requests Gabapentin 10%/Lidocaine 5% 180 Gm. The Utilization Review on 12/30/2014 non-certified Gabapentin 10%/Lidocaine 5% 180 Gm, citing CA MTUS Chronic Pain Medical Treatment Guidelines for topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% Lidocaine 5% 180GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The patient presents with pain and weakness in his neck and left forearm. The request is for GABAPENTIN 10% LIDOCAINE 5% 180GM. The patient currently remains off work. MTUS guidelines page 111 do not support compounded topical products if one of the compounds are not recommended. MTUS guidelines do not recommend Gabapentin as topical cream. Furthermore, the MTUS guidelines page 112 on topical lidocaine do not allow any other formulation of Lidocaine other than in patch form. The request IS NOT medically necessary.