MAXIMUS Federal Services

Case Number:	CM15-0013291		
Date Assigned:	01/30/2015	Date of Injury:	06/06/2002
Decision Date:	03/26/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/22/2015

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:

The injured worker is a 52 year old male, who sustained an industrial injury on June 6, 2002. The diagnoses have included degenerative lumbar disc, degenerative joint disease of the hip, lumbar sprain/strain and chronic pain syndrome. Treatment to date has included pain medication, homes exercises, and surgical consultation with recommendation for surgery. Currently, the injured worker complains of hip and low back pain. He rates the pain an 8 on a 10-point scale and describes the pain as constant, aching and burning. The pain is worse with walking/sitting. He has tenderness to palpation over the right hip with guarding and painful range of motion. His lumbar spine is decreased in painful range of motion and she ambulates with a limp and antalgic gait. On January 12, 2015 Utilization Review non-certified a request for Gabapentin /Lidocaine 5% cream, noting that the guidelines do not recommend topical use of gabapentin and lidocaine. The California Medical Treatment Utilization Schedule was cited. On January 22, 2015, the injured worker submitted an application for IMR for review of Gabapentin /Lidocaine 5% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/lidocaine 5% cream: Upheld

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

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

Decision rationale: This patient presents with low back and right hip pain. The treater is requesting GABAPENTIN/LIDOCAINE 5% CREAM. The RFA dated 01/06/2015 shows a request for gabapentin/lidocaine 5% cream apply PRN. The patient's date of injury is from 06/06/2002 and he is currently permanent and stationary. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The medical records do not show a history of gabapentin/lidocaine cream use. Gabapentin is currently not supported in topical formulation based on the MTUS guidelines. The request IS NOT medically necessary.