

Case Number:	CM15-0117243		
Date Assigned:	06/25/2015	Date of Injury:	04/14/2014
Decision Date:	07/24/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 48 year old male, who sustained an industrial injury on 4/14/14. The injured worker has complaints of left elbow, right knee cap area hurts and complaints of lower back and neck pain. The documentation noted that there is some tenderness in the paraspinal muscles. The diagnoses have included lumbar spine mild stenosis; lumbar spine multilevel disc bulge; status post inguinal hernia surgery and coccyx pain. Treatment to date has included physical therapy; magnetic resonance imaging (MRI) of the lumbar spine on 12/31/14 showed the spinal canal is mall, there is discogenic and degenerative changes greatest at L5-S1 (sacroiliac) and at L5-S1 (sacroiliac) there appears to be a 3-4 millimeter disc bulge or more likely a herniation that is protruding posteriorly and to the left more so than the right and is producing corresponding prominent indentation of the epidural fat; mobic and transdermal cream. The request was for compound medications gabapentin 10%, lidocaine 2% 120gm quantity one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medications Gabapentin 10%, Lidocaine 2% 120gm QTY: 1.00: Upheld

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

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

Decision rationale: Compound medications Gabapentin 10%, Lidocaine 2% 120gm QTY: 1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic pain. The guidelines do not support topical Gabapentin. There are no extenuating circumstances that would necessitate going against guideline recommendations therefore this request is not medically necessary.