

Case Number:	CM15-0117634		
Date Assigned:	06/25/2015	Date of Injury:	01/12/2015
Decision Date:	10/02/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/18/2015

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 28-year-old male who sustained a work related injury on 01-02-15. Initial complaints include right 3rd finger near amputation. Initial diagnoses are not available. Treatments to date include plastic surgery, physical therapy, finger splint, open reduction internal fixation of intraarticular fracture and repair of extensor tendon. Diagnostic studies are not addressed. Current complaints include pain and diminished function of the right hand. Current diagnoses open fracture right 3rd distal interphalangeal joint with loss of bone and avulsion to extensor insertion remnant, and nail bed avulsion. In a progress note dated 04-22-15, the treating provider reports the plan of care as continued physical therapy to the right hand and no use of the right hand. The requested treatment includes a compound of gabapentin-lidocaine-TGP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Lidocaine 2% TGP #10 gel 120 g: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded Lidocaine and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of Lidocaine without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this anti-seizure medication for this injury without improved functional outcomes attributable to their use. The Gabapentin 10%/Lidocaine 2% TGP #10 gel 120 g is not medically necessary and appropriate.