MAXIMUS Federal Services

Case Number:	CM15-0169547		
Date Assigned:	09/30/2015	Date of Injury:	04/26/2006
Decision Date:	11/12/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/28/2015

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 45 year old male with an industrial injury dated 04-26-2006. A review of the medical records indicates that the injured worker is undergoing treatment for rule out lumbar intradiscal component, rule out lumbar radiculopathy, status post remote right knee surgery, and rule out meniscal pathology of right knee. Treatment has included urine drug screen, prescribed medications and periodic follow up visits. According to the progress note dated 07-15-2015, the injured worker reported low back pain with right greater than left lower extremity symptoms and right knee pain. Current medications include Hydrocodone 10 mg, Omeprazole, and Temazepam. Objective findings (03-20-2015 to 07-15-2015) revealed tenderness of lumbar spine and positive straight leg raises. The treatment plan included physical therapy of lumbar spine, viscosupplementation of right knee, lumbo-sacral orthosis (LSO), medication management and urine drug screens. Urine drug screen report dated 06-19-2015 revealed inconsistencies with prescribed medication. The treating physician prescribed Topical Gabapentin 6% in base 300 grams. The original utilization review determination (08-11-2015) denied the request for Topical Gabapentin 6% in base 300 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Gabapentin 6% in base 300 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with low back pain with right greater than left lower extremity symptoms and right knee pain both rated 6/10, Complains of knee "giving out." The request is for Topical gabapentin 6% in base 300 grams. The request for authorization is not provided. The patient is status post remote right knee surgery. Physical examination reveals tenderness lumbar spine. Lumbar range of motion is decreased. Positive straight leg raise right for pain to foot and left for pain. Exam of right knee reveals incision is well healed. Medication does help, denies side effects. Patient's medications include Hydrocodone, Omeprazole, Temazepam, and Topical Gabapentin. Per progress report dated 09/18/15, the patient is permanent and stationary. MTUS, Topical Analgesics section, page 111 has the following: " 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... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended..." "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater does not specifically discuss this medication. Patient has been prescribed Topical Gabapentin since 07/15/15. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use. Therefore, the request is not medically necessary.