

<b>Case Number:</b>	CM15-0174244		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	04/21/2005
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, Hawaii

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 37 year old female, who sustained an industrial injury on April 21, 2005. Medical records indicate that the injured worker is undergoing treatment for displacement of lumbar intervertebral disc, lumbago and other orthopedic aftercare. Work status was not indicated in the medical records. On 7-9-15, the injured worker complained of intermittent low back pain and difficulty sleeping. The injured workers pain was noted to be improving. Examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm. Range of motion was guarded and restricted. Sensation and strength were normal. A seated nerve root test was negative. The injured workers pain level was not noted. Subsequent progress notes dated 5-7-15 and 4-16-15 indicate the injured workers pain levels were 4 out of 10 on the visual analogue scale. Treatment and evaluation to date has included medications, physical therapy, a lumbar fusion and removal of hardware. Current medications as of 3-13-15 include Prilosec, Gabapentin, Zanaflex, Xanax and Wellbutrin. Current requests include a request for Lidocaine/Gabapentin gel 5%-10% cream. The Utilization Review documentation dated 8-24-15 non-certified the request for the Lidocaine/Gabapentin gel 5%-10% cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine/Gabapentin gel 5%/10% cream: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The records indicate the patient has ongoing low back pain following lumbar spine surgery. The current request for consideration is Lidocaine/Gabapentin gel 5%/10% cream. The most recent report available for review is dated 6/17/15. There is no discussion of Lidocaine/Gabapentin gel. According to the CA MTUS, topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. With regard to Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). 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. In this case, Lidocaine in a gel is not recommended by the MTUS. Furthermore, the records do not indicate the patient is having neuropathic pain. As such, the medical records do not establish medical necessity. The request is not medically necessary.