MAXIMUS Federal Services

| Case Number: | CM15-0179186 | | |
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| Date Assigned: | 09/22/2015 | Date of Injury: | 04/08/2012 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

## 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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

## 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 44 year old female, who sustained an industrial-work injury on 4-8-12. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc herniation, thoracic strain and sprain; lumbar strain and sprain, and status post left side lumbar hemilaminectomy, neuroforaminotomy and discectomy on 1-9-15. Medical records dated (5-29-15 to 7-15-15) indicate that the injured worker complains of ongoing pain in the low back and left lower extremity (LLE) status post left side lumbar hemilaminectomy, neuroforaminotomy and discectomy on 1-9-15. The left leg pain is associated with pins and needles sensation. The pain is rated 6-7 out of 10- on pain scale, which has been unchanged. The medical record dated 5-29-15 the physician indicates that "she has done 7 post-surgical physical therapy sessions thus far and she notes that the pain in the back has improved but the numbness and tingling and radiating pain and muscle cramps still persists." The physician also indicates "she is allergic to many medications and last visit she tried Flexeril which made her sleepy and did not change much of her lower extremity cramping." The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician report dated 7-15-15 the injured worker has not returned to work. The physical exam dated from (5-29-15 to 7-15-15) reveals that the lumbar exam shows left paraincisional swelling with inflammation and tenderness noted tenderness to palpation over the left paraspinal musculature with well healed midline scar. There is reduced range of motion with pain on flexion and extension with spasm to the left lower extremity (LLE). There is decreased L5-S1 sensation and there is inability to perform partial deep knee bend due to pain and weakness. Treatment to date has included pain

medication including Flexeril, physical therapy at least 7 sessions with benefit, off of work, activity modification, diagnostics and other modalities. The request for authorization date was 8-20-15 and requested service included Gabapentin-Lidocaine TGP #10 10% 2% gel # 60. The original Utilization review dated 8-27-15 non-certified the requests there is no documentation that the injured worker has exhausted first line treatment such as anticonvulsants or anti-depressants as well as failed use of first line topical medication to warrant use of Lidoderm.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin / Lidocaine TGP #10 10% 2% gel # 60:** 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:** Per MTUS p113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Regarding topical lidocaine, MTUS states (p112) "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). Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)." The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are "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, a-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." Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. As topical gabapentin is not recommended,

the compound is not medically necessary.