

Case Number:	CM15-0179863		
Date Assigned:	09/21/2015	Date of Injury:	09/02/2013
Decision Date:	10/26/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 35 year old female, who sustained an industrial injury on September 2, 2013. She reported an injury to her low back, right ankle and right foot. On June 11, 2015, the injured worker complained of right ankle swelling after working and numbness after driving 10-15 minutes or lying down and reported sharp lower back pain. She ambulated with a right antalgic gait and had limited and painful active range of motion. She had tenderness to palpation over the lumbosacral area and difficulty with heel and toe walk. On August 12, 2015 the injured worker reported low back pain. The handwritten documentation submitted for the August 12, 2015 evaluation was difficult to decipher. Treatment to date has included chiropractic therapy and modified work duties. The injured worker was diagnosed as having multilevel disc bulge of the lumbar spine and right ankle strain. A request for authorization for Gabapentin 10% - Lidocaine 2% - Aloe Vera 0.5% - Cap 0.025 % - Menthol 10% - Camphor 5% was received on August 13, 2015. On August 20, 2015, the Utilization Review physician determined Gabapentin 10% - Lidocaine 2% - Aloe Vera 0.5% - Cap 0.025 % - Menthol 10% - Camphor 5% was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Lidocaine 2%, Aloe Vera 0.5%, Capsaicin 0.025%, Menthol 10%, and Camphor 5%: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. In addition, the claimant was on oral medication and was also prescribed another variant of the compound above. Multiple analgesics are not recommended. Since the compound above contains these topical medications, the Gabapentin 10%, Lidocaine 2%, Aloe Vera 0.5%, Capsaicin 0.025%, Menthol 10%, and Camphor 5% is not medically necessary.