

Case Number:	CM15-0065137		
Date Assigned:	04/13/2015	Date of Injury:	01/31/2014
Decision Date:	05/11/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/06/2015

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, 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 55 year old male who sustained an industrial injury on 01/31/2014. Diagnoses include lumbar spine herniated nucleus pulposus with radiculopathy right greater than left. Treatment to date has included diagnostic studies, medications, hot packs and ice application, electrical stimulation and lumbar epidural steroid injections. A physician progress note dated 02/26/2015 documents the injured worker complains of lumbar spine pain which he rates as 7 out of 10 that is stabbing, radiating and throbbing. Pain radiates to his left lower extremity which he rates as a 9 out of 10 and it is a stabbing and throbbing pain. He has an unsteady gait/balance. He was unable to complete any range of motion. Straight leg raise was positive bilaterally right greater than left. There is decreased strength to 4/5 on the right and 4+/5 on the left. Sensation noted for positive hyperesthesia bilateral L3-S1. Treatment plan is for follow up for second epidural steroid injection, a four pronged cane for stability; reschedule Electromyography and Nerve Conduction Velocity, and medications. Treatment requested is for Gabapentin/Lido #10 10% 2% Qty 120 (Retrospective Dos 03/09/2015), and Gabapentin/Acetaminophen 100/325 mg Qty 90 (Retrospective Dos 03/09/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Lido #10 10% 2% Qty 120 (Retrospective Dos 03/09/2015): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Table 3-1, Chronic Pain Treatment Guidelines Topical Analgesics; Anti-epilepsy drugs (AEDs) Page(s): 111-113; 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines: Topical Compound Medications; Food & Drug Administration: Compounded Topical Anesthetic Creams.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Gabapentin/Lido #10 10% 2% Qty 120 (Retrospective Dos 03/09/2015), CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. As such, the currently requested Gabapentin/Lido #10 10% 2% Qty 120 (Retrospective Dos 03/09/2015) is not medically necessary. Notes indicate that gabapentin/acetaminophen is being prescribed on a PRN basis for pain. Therefore the request is not medically necessary.

Gabapentin/ Acetaminophen 100/325 mg Qty 90 (Retrospective Dos 03/09/2015): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Table 3-1, Chronic Pain Treatment Guidelines Topical Analgesics; Anti-epilepsy drugs (AEDs) Page(s): 111-113, 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines: Topical Compound Medications; Food & Drug Administration: Compounded Topical Anesthetic Creams.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin/APAP, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. Additionally, there is no statement indicating why a PRN (APAP) and around-the-clock (gabapentin) medication are being combined into a single product. Additionally, there is no indication why gabapentin is being dosed on a PRN basis, when all studies supporting the use of gabapentin for neuropathic pain are dosed around-the-clock. Antiepileptic drugs should not be abruptly discontinued but

unfortunately there is no provision to modify the current request. As such, the currently requested gabapentin/APAP is not medically necessary.