

<b>Case Number:</b>	CM13-0003909		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	11/13/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 53-year-old gentleman was reportedly injured on June 6, 2014. The mechanism of injury is noted as cumulative trauma with repetitive motion. The most recent progress note, dated May 1, 2014, indicates that there are ongoing complaints of headaches, neck pain, and low back pain. The physical examination demonstrated tenderness of the cervical spine paraspinal muscles. There was an antalgic gait and ambulation with the assistance of a cane. Atrophy was noted of the left forearm and there was decreased sensation throughout the left upper extremity. Diagnostic imaging studies of the lumbar spine showed spondylolisthesis of L5 on S1 with a posterior fusion. Previous treatment includes epidural steroid injections and oral medications. A request had been made for Gaba/Acetyl for the left shoulder, low back, neck, and left knee and was not certified in the pre-authorization process on July 19, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Gaba/Acetyl for the left shoulder, low back, neck, and left knee; DOS 5/20/2013:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

**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): 111-112 of 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for use include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents to include gabapentin. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Gaba/Acetyl for the left shoulder, low back, neck, and left knee is not medically necessary.