

<b>Case Number:</b>	CM13-0010133		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, myalgias, myositis, sacroiliitis, insomnia, and hypertension reportedly associated with an industrial injury of May 6, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; and attorney representation. In a utilization review report of July 10, 2013, the claims administrator denied a request for a topical compounded gabapentin-containing powder. The applicant's attorney subsequently appealed. In a handwritten clinical progress note of May 14, 2013, the applicant was given a prescription for a cyclobenzaprine-gabapentin containing cream/powder. The applicant was also described as using several oral pharmaceuticals, including Zanaflex and Ultram. The applicant's work status was not clearly detailed. The note was handwritten, not entirely legible, and difficult to follow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN POWDER 10GM FROM DATE OF SERVICE 5/17/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug (or drug class) that

is not recommended is not recommended. Gabapentin is specifically not recommended for use as a topical compound, resulting in the entire compound carrying an unfavorable recommendation. It is further noted that the applicant's successful usage of first line oral pharmaceuticals such as Zanaflex and tramadol effectively obviates the need for the compound in question. For all the stated reasons, then, the request is non-certified, on independent medical review.