

Case Number:	CM13-0013807		
Date Assigned:	10/01/2013	Date of Injury:	02/12/2010
Decision Date:	02/04/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, 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 physician 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:

██████████ is a 56 year old woman who sustained a work related injury on February 12 2010. She subsequently developed chronic neck pain, arthralgia, myofascial strain, and neuropathic pain. She have left knee arthroscopy, meniscectomy and right knee joint surgery, anxiety and depression. She was treated with steroid injections and pain medications. The provider requested the prescription of Baclofen and Gabapentin 10% and 1% concentration respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Baclofen Topical Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to Medical Treatment Utilization Schedule (MTUS), in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to Medical Treatment

Utilization Schedule (MTUS) guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not approved for topical treatment. Furthermore, there is no documentation that the patient failed oral Gabapentin. Oral form of Gabapentin was not attempted, and there is no documentation of failure or adverse reaction its use. Based on the above, the compound Gabapentin/Baclofen Topical Ointment is not medically necessary.