

Case Number:	CM13-0038038		
Date Assigned:	12/18/2013	Date of Injury:	05/01/2008
Decision Date:	02/13/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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:

The patient is a 58-year-old female who reported an injury on 05/01/2008. The patient is currently diagnosed as status post C4-7 hybrid reconstruction in 2012, status post L3-S1 posterior lumbar interbody fusion in 2012, rule out internal derangement of bilateral knees, rule out internal derangement of the feet and ankles, right greater than left wrist De Quervain's syndrome, and bilateral carpal tunnel syndrome. The patient was seen by [REDACTED] on 09/03/2013. The patient reported residual lower back pain. Physical examination revealed increasing range of motion in the cervical spine with minimal symptomatology in the upper extremities, positive Tinel's and Phalen's testing on the left, pain and tenderness over the top of the palpable hardware in the lumbar spine, and no neurologic deficit in the lower extremities. Treatment recommendations included continuation of current treatment, a Stim 4 muscle stimulator, physical therapy, and a return office visit in 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin powder, 30 day supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Gabapentin is not recommended, as there is no peer reviewed literature to support its use. The primary physician progress report on the requesting date of 08/29/2012 was not provided for review. As per the clinical notes submitted, there is no indication of neuropathic pain on physical examination. There is also no evidence of a failure to respond to oral medication prior to initiation of a topical analgesic. As guidelines do not recommend topical Gabapentin, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Ketoprofen powder 100%, 30 day supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The only FDA approved topical NSAID is diclofenac, which is indicated for the relief of osteoarthritis pain. The Primary Treating Physician's Progress Report on the requesting date of 08/29/2012 was not provided for this review. As per the clinical documentation submitted, there is no evidence of osteoarthritis or neuropathic pain. There is also no evidence of a failure to respond to oral medication prior to initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.

Gabapentin powder, 30 day supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Gabapentin is not recommended, as there is no peer reviewed literature to support its use. The primary physician progress report on the requesting date of 08/29/2012 was not provided for review. As per the clinical notes submitted, there is no indication of neuropathic pain on physical examination. There is also no evidence of a failure to respond to oral medication prior to initiation of a topical analgesic. As guidelines do not

recommend topical Gabapentin, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.