

<b>Case Number:</b>	CM13-0055170		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/04/1983
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This patient is a 55-year-old male with date of injury 02/04/1983. Per treating physician's report, 10/28/2013, listed diagnoses are headache, cervical radiculitis, joint pain, shoulder, and disk degeneration. This report states, under interim history, "Overall, doing well. Topical denied." The patient presents with slightly decreased pain in his neck, requests some refills on fentanyl patch, Norco, Soma. The patient is not currently working, pain is reported to decrease to 6/10 in the neck, difficulty with sleep. Under listed medications, there are some 25 medications listed in various doses but gabapentin 100% is not one of them. Under plan, patient was refilled Flexeril, Norco as well as fentanyl patches and other medications but gabapentin 100% is not listed on this report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100%, 120 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**Decision rationale:** This patient presents with chronic neck pain with diagnoses of headaches, cervical radiculitis, shoulder joint pain, disk degeneration. There is a request for gabapentin 100% which appears to be topical. This was denied by utilization review dated 11/12/2013 citing lack of guideline support. Review of the reports does not specifically list gabapentin 100% topical. However, 09/20/2013 report by treating physician discusses "compound medication" stating that the patient is being prescribed topical cream compound medication to be applied twice daily and also at nighttime. The Chronic Pain Medical Treatment Guidelines states "gabapentin; not recommended. There is no peer-reviewed literature to support use." The request for Gabapentin 100%, 120 count, is not medically necessary or appropriate.