

Case Number:	CM13-0068331		
Date Assigned:	01/03/2014	Date of Injury:	02/29/2012
Decision Date:	04/21/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/19/2013

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 Anesthesiology and Pain Management, 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 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 patient is a 41-year-old male who reported an injury on 2/29/12. The patient reportedly sustained a gunshot injury to the right femur. The patient is diagnosed as status post right femur IM rod and retained symptomatic hardware in the right femur. The most recent physician progress report was submitted by [REDACTED] on 11/21/13. The patient reported persistent pain to the right knee and hip. Physical examination revealed pain and discomfort around the anterior thigh, tenderness to palpation, tenderness in the distal region including the trochanteric region, and paresthesia. Treatment recommendations at that time included continuation of current medication and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 10% IN CAPSAICIN SOLUTION #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Gabapentin is not recommended, as there is no evidence for the use of an anti-epilepsy medication as a topical product. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical product. As guidelines do not recommend Gabapentin as a topical product, the current request cannot be determined as medically appropriate. As such, the request is non-certified.