

Case Number:	CM14-0000058		
Date Assigned:	01/10/2014	Date of Injury:	08/05/2009
Decision Date:	04/23/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/31/2013

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 Physical Medicine and Rehabilitation 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:

This is a 49-year-old male who sustained injury on 08/05/2009 to his left knee. Treatment to date includes activity modification and medications including Naproxen, Protonix, Depakote, Duragesic (Fentanyl patch), Topamax, Norco, Buspar, and Zyrtec. Other medications including Ziac, Zyrtec, and Fluticasone nasal spray. Past surgical history includes left total knee replacement. CT of the left knee dated 08/12/2013 showed status post left knee replacement. Calcified loose bodies are demonstrated within the semimembranosus-gastrocnemius bursa. Knee effusion. A physical exam on 12/10/2013 showed his gait was antalgic particularly on the left side, although there is some irregularity on the right side as well and there is no gross swelling. Some swelling over the left knee, but no erythema or heat. The diagnosis was knee sprain; knee pain, knee instability, and chronic pain post operative.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE RETROSPECTIVE REQUEST FOR GABAPENTIN 10% 120 GM CREAM WITH A DATE OF SERVICE OF 11/18/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the California MTUS guidelines, topical analgesics may be considered for patients who are unresponsive or intolerant to standard treatments, such as oral medications. The medical records clearly demonstrate this patient does not have any intolerance to oral analgesics. According to the guidelines, Gabapentin is not recommended in topical formulations. There is no peer-reviewed literature to support use of topical Gabapentin. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently this compounded product is not supported by the evidence based guidelines; the medical necessity of Gabapentin 10% 120gm Cream has not been established.