

<b>Case Number:</b>	CM14-0169447		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back, ankle, foot, and knee pain reportedly associated with an industrial injury of May 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of acupuncture; Functional Capacity Testing; topical compounded medications; localized intense neurostimulation therapy; topical compounded medications; and extensive periods off work. In a Utilization Review Report dated September 6, 2014, the claims administrator failed to approve a request for a topical compounded Gabapentin containing cream. The applicant's attorney subsequently appealed. In a July 12, 2014, progress note, the applicant reported multifocal complaints of knee, ankle, low back, and foot pain. The applicant was kept off work, on total temporary disability, and asked to pursue extracorporeal shockwave therapy, DNA testing, acupuncture, physical therapy, and localized intense neurostimulation therapy. On July 14, 2014, the applicant underwent a Functional Capacity Evaluation, the results of which were not clearly reported. On July 16, 2014, the applicant was given prescriptions for Ultram, Prilosec, and several topical compounded drugs, including the Gabapentin containing compound at issue.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%/Lidocaine 5% Tramadol 15% 180gm: Upheld**

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

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that applicant's ongoing usage of numerous first line oral pharmaceuticals, including oral Tramadol, (Ultram), effectively obviates the need for page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental "topical compounded" at issue. Therefore, the request was not medically necessary.