

Case Number:	CM14-0022107		
Date Assigned:	05/09/2014	Date of Injury:	12/12/2011
Decision Date:	07/10/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 injured worker is a 41-year-old female who reported an injury on December 12, 2011 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to her cervical spine, thoracic spine, lumbar spine, and bilateral upper extremities. The injured worker had persistent pain complaints that were treated with medications, physical therapy, and acupuncture. The injured worker's most recent evaluation dated January 9, 2014 documented that the injured worker had pain rated at a 4/10 to 7/10. Physical findings included increased pain with activities of daily living, and decreased pain with medications. The injured worker's diagnoses included cervical spine sprain/strain, thoracic spine sprain/strain, and lumbar spine sprain/strain. The injured worker's treatment recommendations included a Functional Capacity Evaluation, topical creams, and continued physical therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUNDED GABAPENTIN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has persistent pain complaints. However, California Medical Treatment Utilization Schedule does not recommend the topical use of anticonvulsants as there is little scientific evidence to support the efficacy and safety of these medications in a topical formulation. The clinical documentation does not provide any exceptional factors to extend treatment beyond guideline recommendations. The request for topical compounded gabapentin is not medically necessary or appropriate.