

<b>Case Number:</b>	CM14-0022249		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	04/28/2008
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Pain Medicine and is licensed to practice in New York and 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 65 year old male who sustained an injury on 04/20/08. The specific mechanism of injury was not noted. The injured worker sustained injury to the left lower extremity. Due to comorbid issues the injured worker ultimately underwent left below the knee amputation on 10/10/09. Post-operatively the injured worker had continuing anxiety and depression for which he was seen by psychiatrist. The injured worker also continued to have neuropathic symptoms in the left lower extremity consistent with phantom leg syndrome. There were no recent clinical evaluations for this injured worker. The last clinical record was from [REDACTED] on 04/11/13 which discussed home care situation of the injured worker. No specific clinical information as of this report was provided. The requested compounded medication including gabapentin 30g was denied by utilization review on an undetermined date. Per the request this was prescribed on 12/29/10. There was no clinical record from this date of service. The closest report in proximity to the date of service in question was a sleep study on 11/02/10. This report discussed a renew prosthesis for the left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN 10% 30GM COMPOUND: LIPOSOME CREAM BASE, POLAZAMER 407 NF, ISOPROPYL PALM HEX ACID I ME ES, GABAPENTIN, LECITHIN GRANULAR USP, POLYETHYLENE POLY GLYCOL F127, POLASSIUM SORBATE NF, SORBIC ACID 2, 4 HEXIDIENOIC ACID, (DOS: 12/29/10): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Pain Chapter.

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

**Decision rationale:** In regards to the request for a topical compounded medication that includes Gabapentin 30gm, there are limited clinical records provided for review substantiating the use of this topical medication including an anticonvulsant. There is no indication that the injured worker was unable to tolerate oral gabapentin. Topical analgesics containing prescription medications such as anticonvulsants like gabapentin are largely considered experimental/investigational in the clinical literature. Without any indication the injured worker was unable to tolerate oral gabapentin, and given the experimental/investigational nature of compounded use of anticonvulsants, the request is not medically necessary.