

<b>Case Number:</b>	CM14-0028885		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	04/19/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 & Rehabilitation has a subspecialty in Pain Management 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 patient with date of injury of April 19, 2011. A utilization review determination dated December 9, 2013 recommends noncertification for a topical compound. A progress report dated October 11, 2013 identifies subjective complaints of continuous pain in the low back radiating down into the left greater than right lower extremity. There is also knee pain. There is continuous numbness in the posterior thighs. It appears the patient is using Cymbalta. Objective examination findings identify positive straight leg raise with difficulty performing heel/toe walking. Diagnoses include lumbar radiculopathy and L4-5 L5-S1 disc bulge with stenosis. The treatment plan recommends a lumbar epidural steroid injection, home exercise program, and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND - GABAKITOLIDA 120- USE AS DIRECTED:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18.

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

**Decision rationale:** Regarding the request for Compound - Gabakitolida, this compound contains gabapentin, ketoprofen, and lidocaine. Chronic Pain Medical Treatment Guidelines state

that topical gabapentin is not recommended. They go on to state that there is no peer-reviewed literature to support its use. Guidelines state that if one component of a topical compound is not supported, then the compound itself is not supported. Therefore, in the absence of guideline support for the use of topical gabapentin, the currently requested Compound - Gabakitolida is not medically necessary.