

<b>Case Number:</b>	CM14-0042583		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Texas and Oklahoma. 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 53-year-old female who reported an unknown injury on 03/13/2012. On 06/05/2014, she was seen for a followup for complex pain management and re-evaluation of her medications. She complained of pain over the right shoulder which worsened with the use of the right arm. Numbness and tingling of the right upper extremity was not severe. She continued to experience pain of the cervical spine. She admitted to numbness and tingling in the distal right upper extremity. She denied any left-sided symptoms. She rated her pain at 2/10 with medication and 6/10 without medication. She had completed 8 chiropractic treatments with dramatic benefit. She had also completed 12 physical therapy visits with some level of benefit. She had a right stellate ganglion block with report of 6 weeks of dramatic improvement of pain. Dates and modalities of the chiropractic and physical therapy are unknown, as was the date of the stellate ganglion block. Medications included Gabapentin 600 mg and ibuprofen 800 mg. She reported a 50% to 60% improvement in symptoms with her current use of ibuprofen and Gabapentin. Her diagnoses included right shoulder rotator cuff supraspinatus tear, acromioclavicular joint arthritis and adhesive capsulitis, right hand carpal tunnel syndrome and cervical spine sprain/strain. There were no diagnostic studies included in the documentation. No request for authorization or rationale was included with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100% PA, 240gm:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines refer to topical analgesic as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy and there is little or no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support its use. Additionally, the request did not include any frequency of administration nor to what body part the lotion was to be applied. Therefore, this request for Gabapentin 100% PA, 240 grams is not medically necessary and appropriate.