

<b>Case Number:</b>	CM14-0064946		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/15/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Emergency 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 injured worker is a 28 year-old female, who sustained an injury on January 15, 2012. The mechanism of injury occurred from loading and unloading merchandise. Diagnostics have included: lumbar MRI noting L3-S1 annular tears and stenosis. Treatments have included: medications, right shoulder surgery, 30 physical therapy sessions, compounded creams, cervical and lumbar epidural steroid injections. The current diagnoses are: Primary arthroscopic synovectomy right shoulder arthroscopy/synovectomy December 6, 2013 lumbar disc displacement, rotator cuff tear, and cervical disc displacement. The stated purpose of the request for Compound Cream: Gabapentin/Acetyl-L-Carn 250/125mg was not noted. The request for Compound Cream: Gabapentin/Acetyl-L-Carn 250/125mg was denied on April 23, 2014, citing a lack of evidence based guideline support for its effectiveness. Per the report dated April 9, 2014, the treating physician noted that the injured worker was s/p LESI and CESI with temporary relief and complains of cervical and lumbar pain and exam findings of decreased cervical and lumbar range of motion with tenderness and decreased C4-5 sensation. Per an April 17, 2014 QME report, future medical treatment would include: oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Cream: Gabapentin/Acetyl-L-Carn 250/125mg: Upheld**

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

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

**Decision rationale:** The requested Compound Cream: Gabapentin/Acetyl-L-Carn 250/125mg is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has cervical and lumbar pain. The treating physician has documented decreased cervical and lumbar range of motion with tenderness and decreased C4-5 sensation. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Compound Cream: Gabapentin/Acetyl-L-Carn 250/125mg, is not medically necessary.