

Case Number:	CM14-0065408		
Date Assigned:	07/11/2014	Date of Injury:	10/15/2013
Decision Date:	08/22/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	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 Occupational 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 claimant was injured on 10/15/13 when she collided with a parent at school. Gabapentin Compound Medication 100% PA, quantity 180 (grams) is under review. She has attended physical therapy. She had an MRI of the shoulder which showed moderate rotator cuff tendinosis with a nonacute rotator cuff full-thickness tear at the supraspinatus footprint and surgery was recommended. She has a history of having allergies to oral opioids. On 11/18/13, when she saw the orthopedic surgeon, [REDACTED], she was taking Relafen and Tylenol. On 12/2/13, she reported that she took Tylenol when needed and continuous taking Relafen. On 04/14/14, Gabapentin Compound Medication 100% PA Quantity 180 (grams), a Topical Analgesic was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Compound Medication, 100% PA #180: 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 143 Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Gabapentin Compound Medication 100% PA, Quantity 180 (grams). The MTUS Chronic Pain

Medical Treatment Guidelines, Topical Analgesics states topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence of intolerance to or failure of all other first line drugs as the claimant was also taking Tylenol and Relafen following her injury. Topical Gabapentin is not recommended by MTUS and there is no evidence of neuropathic pain to support the use of Gabapentin. Therefore, the request for Gabapentin Compound Medication 100% PA, Quantity 180 (grams) is not medically necessary.