

Case Number:	CM14-0079418		
Date Assigned:	07/18/2014	Date of Injury:	04/12/2013
Decision Date:	09/18/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/29/2014

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 Interventional Spine 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 patient is a 47 year-old male with the date of injury of 04/12/2013. The patient presents with pain in his neck, shoulders and lower back from a falling injury. His neck pain radiates down upper extremities with spasms, and his low back pain radiates down lower extremities with numbing or tingling sensations. The patient rates his neck pain as 6-7/10 on the pain scale and his low back pain as 7-8/10. The patient is currently taking Norco, Ultracet and Medrox patches. According to [REDACTED] report on 04/18/2014, diagnostic impressions are status post anterior cervical discectomy and fusion at C4-C5 and C5-C6, lumbar radiculopathy, rule out disc herniation and annular tear, myoligamentous sprain/ strain of bilateral shoulder, sprain/strain of the right head, chronic headaches. [REDACTED] requested for Gabapentin 120mg. The utilization review determination being challenged is dated on 05/06/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/10/2013 to 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, chronic pain Page(s): 111.

Decision rationale: The patient presents with persistent pain in his neck, shoulders and lower back. The request is for Gabapentin 120mg. MTUS guidelines do not recommend Gabapentin as topical cream. [REDACTED] report on 04/18/2014 indicates that "the patient is given a prescription for Flurbiprofen 20% cream 120g, Ketoprofen 20%/ Ketamine 10% cream 120g, and Gabapentin 10%/ Cyclobenzaprine 10%/ capsaicin 0.0375% cream 120g." [REDACTED] requested for only Gabapentin 120mg without the indication of percentage or other topical agents. MTUS page 111 do not support compounded topical products if one of the components are not recommended. Given the lack of support for topical Gabapentin, the request is not medically necessary.