MAXIMUS Federal Services

Case Number:	CM14-0090734		
Date Assigned:	08/08/2014	Date of Injury:	10/08/2010
Decision Date:	09/29/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/16/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain, chronic neck pain, and chronic hand pain reportedly associated with an industrial injury of October 8, 2010. The applicant's case and care were apparently complicated by issues with comorbid rheumatoid arthritis. In a Utilization Review Report dated May 20, 2014, the claims administrator denied a request for a Gabapentin-containing topical compounded drug. The claims administrator denied a request for a topical Gabapentin-containing drug.The applicant's attorney subsequently appealed. On June 27, 2014, the applicant reported multifocal complaints of neck and back pain. The applicant was using oral Percocet, Ambien, Neurontin, and Gabapentin along with unspecified topical compounded cream. The applicant was placed off of work, on total temporary disability. A variety of dietary supplements and topical compounds were renewed. The attending provider complained that the claims administrator had acted in bad faith to deny a proposed epidural injection. In an earlier note dated June 6, 2014, the applicant was placed off of work, on total temporary disability. The applicant received a variety of medication refills, including Naproxen, Norco, Ambien, Ganicin, Terocin, Somnicin, and various topical compounds, along with oral Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100% PA, qty 180: Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, the principal ingredient in the cream in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first line oral pharmaceuticals, including Percocet, oral Neurontin, Naproxen, etc., effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compound at issue. Therefore, the request is not medically necessary.