

Case Number:	CM14-0163311		
Date Assigned:	10/08/2014	Date of Injury:	10/13/2010
Decision Date:	07/08/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54 year old male, who sustained an industrial injury on 10/13/10. He reported right shoulder pain, abdominal pain, neck pain, and scrotal swelling. Back pain with radiation to bilateral lower extremities with associated numbness and tingling were also noted. The injured worker was diagnosed as having lumbar radiculitis, lumbar sprain/strain, lumbar stenosis, and lumbar disc protrusion. Treatment to date has included physical therapy, acupuncture, home exercise, lumbar epidural steroid injections, a Toradol and B12 injection, and medication including Terocin patches, Percocet. Currently, the injured worker complains of low back pain radiating to the lower extremities with numbness and tingling. The treating physician requested authorization for Gabacyclotram 180g.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABACYCLOTRAM 180 GM: Upheld

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

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

Decision rationale: The MTUS Guidelines are very specific in stating that only FDA/Guideline approved topical products are recommend and any compound containing unsupported ingredients is not recommended. The Guidelines state that topical Gabapentin is not recommended. The Guidelines also do not support the use of topical muscle relaxants. Per the MTUS Guidelines standards the compounded Gabacyclotram 180 gms is not recommended and there are no unusual circumstances to justify an exception to the Guidelines. It is not medically necessary.