

Case Number:	CM14-0203970		
Date Assigned:	12/16/2014	Date of Injury:	05/13/2011
Decision Date:	02/09/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/05/2014

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 reportedly associated with an industrial injury of May 13, 2011. In a utilization review report dated November 25, 2014, the claims administrator denied a gabapentin-containing compound. The claims administrator referenced progress notes of October 14, 2014, September 22, 2014, and August 27, 2014 in its determination. The claims administrator suggested that the applicant had received 12 prior sessions of physical therapy, epidural steroid injection therapy, and sacroiliac joint injection therapy and was, furthermore, using a variety of oral pharmaceuticals, including Ativan, Levoxyl, Tenormin, Zocor, Percocet, and Neurontin. The applicant's attorney subsequently appealed. In a December 9, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant's medications included Percocet, Neurontin, Cymbalta, Dendracin lotion, Ativan, Levoxyl, Tenormin, and Zocor. The applicant's work status was not clearly stated, although it did not appear that the applicant was working with previously issued permanent restrictions. On October 28, 2014, the applicant received a lumbar epidural steroid injection. On October 14, 2014, Percocet, Cymbalta, oral Neurontin, and an epidural steroid injection were endorsed. In a progress note dated October 25, 2014, the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant was using Norco, oral Neurontin, and Cymbalta, it was acknowledged, several of which were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin compound 240gm: 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(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin 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, Neurontin, Cymbalta, etc., effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" Gabapentin-containing compound at issue. Therefore, the request is not medically necessary.