

<b>Case Number:</b>	CM15-0003225		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	02/16/2005
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 42-year-old male who reported injury on 02/16/2005. The mechanism of injury was not submitted for review. The injured worker has diagnoses of status post removal of posterior hardware and revision decompression in 11/2012, status post L4-5 laminectomy in 08/2006, degenerative disc disease at L5-S1 with persistent low back pain, left shoulder extremity radiculopathy, status post lumbar fusion surgery in 11/2009, right greater than left knee pain, symptoms of erectile dysfunction, and low testosterone levels. Past medical treatments consist of physical therapy, acupuncture, cortisone injections, the use of an H-wave stimulator, and medication therapy. Medications included Norco 10/325, Aciphex 20 mg, gabapentin 600 mg, and Laxin as needed. On 09/09/2014, the injured worker underwent a urine drug screen which showed that the injured worker was compliant with prescriptions medications. On 11/24/2014, the injured worker complained of low back pain with neuropathic pain affecting the left lower extremity. He described the pain as burning electrical pain that traveled posterolateral down the left leg. Examination of the low back revealed bilateral lumbar paraspinous tenderness with minimal muscle spasm and negative twitch response. Flexion was 50 degrees, extension was 10 degrees, and right and left lateral flexion were 10 degrees. Sensory examination revealed hypoesthesia in the left L5 dermatome. Reflexes were 2+ symmetrical bilaterally. The injured worker had a positive straight leg raise on the left at 30 degrees. The medical treatment plan is for the injured worker to continue with the use of the H-wave stimulator and medication therapy. Rationale was not submitted for review nor was a Request for Authorization form.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100% compound #240g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

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

**Decision rationale:** The request for gabapentin 100% compound #240 g is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines further state that gabapentin is not recommended for topical application. As the guidelines do not recommend the use of gabapentin for topical application, the medication would not be indicated. Additionally, there were no other significant factors provided to justify the use outside of current guidelines. There was no indication of the injured worker being unable to take oral medications versus topical medications. As such, the request is not medically necessary.