

Case Number:	CM15-0107723		
Date Assigned:	06/12/2015	Date of Injury:	09/02/2014
Decision Date:	07/22/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, New York, 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 applicant is a represented 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 2, 2014. In a Utilization Review report dated May 28, 2015, the claims administrator failed to approve a request for gabapentin apparently ordered on or around April 9, 2015. The applicant's attorney subsequently appealed. In a RFA form dated May 14, 2015, gabapentin was appealed. Topical compounded medication was also endorsed. In a progress note dated April 9, 2015, the applicant reported ongoing complaints of low back pain radiating to the right leg, 7/10. The attending provider stated that topical medications had reduced the applicant's pain complaints while the previously provided, unnamed oral epileptic drug had been failed to owing to side effect to include nausea and lethargy. The applicant was on Naprosyn and Tramadol, it was reported towards the top of the report. At the bottom of the report, the attending provider renewed Naprosyn and tramadol. A TENS unit and lumbar support were also continued. The applicant was given a rather proscriptive 5-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. The attending provider stated, toward the bottom of the report, that he was seeking authorization for topical gabapentin containing agent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Gabapentin 300g with 3 refills, per 04/09/15 order: 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: No, the request for a gabapentin containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, 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. The applicant's ongoing usage of numerous first line oral pharmaceuticals, including Naprosyn, tramadol, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compound agent in question. Therefore, the request was not medically necessary.