

Case Number:	CM15-0137810		
Date Assigned:	07/27/2015	Date of Injury:	06/10/2013
Decision Date:	09/23/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/16/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 67 year old female who sustained an industrial injury on 06/10/2013. She reported an injury to her neck. Treatment to date has included cervical fusion, physical therapy, medications and acupuncture. According to a progress report dated 05/22/2015, the injured worker had completed 1 session of acupuncture which she felt had been beneficial. She had not returned to gainful employment and was trying to decide whether or not she wanted to retire. Physical examination demonstrated cervical range of motion complete in forward flexion. Extension was 50% of normal. Right and left rotation was 75% of normal. Neurologic examination of the upper extremities revealed no motor weakness or sensory loss. Reflexes were symmetric. Palpation of the cervical spine and paracervical musculature revealed no localized spasm. There was some tenderness over the trapezii bilaterally, left greater than right. Diagnoses included status post anterior cervical discectomy and interbody arthrodesis at C4-5 and C5-6 with internal fixation, advanced degenerative disc disease at C3-4 and C6-7, stage IV carcinoma of the lung (non-industrial), disc bulging at C3-4 and C6-7 without significant cord compromise, moderate bilateral C7 sensory dysfunction without denervation per electromyography on 06/17/2014, ataxic gait and acute left trapezial spasm. The injured worker was temporarily disabled for the next 30 days. The treatment plan included continuation of acupuncture and renewal of topical creams which had been beneficial. Medications prescribed to the injured worker were not listed. Currently under review is the request for Gabapentin compound 150 grams quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin compound 150gm Qty: 1: 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: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. The Guidelines also state that topical gabapentin, specifically, is not recommended for use in chronic pain as there is a lack of supportive evidence for this purpose. In the case of this worker, topical gabapentin was recommended to be used to help treat chronic pain, however, due to the topical gabapentin being non-recommended, this request is not medically necessary at this time.