

Case Number:	CM15-0139575		
Date Assigned:	07/29/2015	Date of Injury:	07/31/2013
Decision Date:	09/01/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/20/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 57 year old female who sustained an industrial injury on 07/31/2013. There was no mechanism of injury documented. The injured worker was diagnosed with left shoulder calcific tendinitis, right shoulder subacromial bursitis and bilateral median neuropathy, right side greater than left. No surgical interventions were noted. Treatment to date has included diagnostic testing with recent left shoulder magnetic resonance imaging (MRI) on May 6, 2015, conservative measures, physical therapy, steroid injections, home exercise program and medications. According to the primary treating physician's progress report on June 2, 2015, the injured worker continues to experience bilateral shoulder and wrist pain. The injured worker rates her left shoulder pain level at 8 out of 10 on the pain scale, right shoulder pain at 5 out of 10, right wrist pain at 6 out of 10 and left wrist pain at 3 out of 10 on the pain scale. Medications provide relief of pain and increased range of motion by a decrease of 3-4 points on the pain scale and lasts approximately 4-6 hours. Examination demonstrated tenderness of the bilateral shoulders with right shoulder flexion at 120 degrees, abduction at 110 degrees, external and internal rotation at 60 degrees each. The left shoulder range of motion was documented at flexion and abduction at 110 degrees and external and internal rotation at 60 degrees each. Tinel's and Phalen's were positive on the right with diminished sensation of the median nerve distribution with atrophy noted at the thenar eminence. Current medications are listed as Naproxen, Cyclobenzaprine and Pantoprazole. The injured worker remains on temporary total disability (TTD). Treatment plan consists of extracorporeal shockwave therapy, medication regimen and the current request for compounded Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comp Gabapentin base 300 grams # 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. GABAPENTIN/PREGABALIN (NOT RECOMMENDED) MTUS states that topical Gabapentin is Not recommended. And further clarifies, anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. Although the medical records do indicate failure of antidepressants or anticonvulsants, the medication requested is not recommended for topical use. As such, the request for Comp Gabapentin base 300 grams #3 is not medically necessary.