

<b>Case Number:</b>	CM15-0143035		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	04/10/2015
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Arizona, California  
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 54 year old male who sustained an industrial injury on 4-10-15. He had complaints of right shoulder pain. Diagnosed with contusion right shoulder. Progress report dated 4-20-15 reports minimal discomfort of right shoulder. Medication provides moderate relief. The injured worker states he has full range of motion and is able to perform full and usual duties without difficulty. Plan of care: he has returned to pre-injury status, no additional treatment is indicated on an industrial basis. Work status: may return to full and usual duties without limitations. On 5-29-15 a request was submitted for gabapentin 15%, Amitriptyline 4%, dextromethorphan 10% 180 gm and cyclobenzaprine 2%, Flurbiprofen 25%, Amitriptyline 10%, 180 gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 180 gm:** 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): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical antidepressants Gabapentin are not recommended due to lack of evidence. In addition the claimant was provided other topical analgesics and use of multiple topicals are not indicated or supported by evidence. Failure of other oral medications and justification of topical Gabapentin was not provided. Since the compound above contains these topical medications, the compound in question contains topical Gabapentin, it is not medically necessary.