

Case Number:	CM15-0144482		
Date Assigned:	08/07/2015	Date of Injury:	10/08/2012
Decision Date:	09/22/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/28/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 48-year-old male, with a reported date of injury of 10-08-2012. The mechanism of injury was the dumping of a container of grapes weighing about 30 to 40 pounds into a dispenser. The injured worker's symptoms at the time of the injury included low back pain. The diagnoses include status post microlumbar decompressive surgery on the left at L5-S1, left L5-S1 herniated disk, and lumbar spine radiculopathy. Treatments and evaluation to date have included left micro lumbar discectomy (MLD) on 11-05-2014, one transforaminal epidural steroid injection on 05-08-2014, chiropractic therapy, acupuncture therapy, oral medications, and topical pain medication. The permanent and stationary report dated 06-18-2015 indicates that the injured worker reported intermittent stabbing pain with radiation of pain and numbness into his left lower extremity. He rated his pain 4 out of 10. The physical examination showed an antalgic gait, limited heel and toe walk due to low back pain, mild tenderness to palpation over the bilateral lower lumbar paraspinals and the midline of the lumbar spine, decreased lumbar spine range of motion, mildly decreased sensation to light touch and pinprick in the left L4, L5, and S1 dermatomes, diminished reflexes in the bilateral patella and Achilles, and positive left straight leg raise test with pain radiating to the ankle. According to the medical report, the diagnostic studies to date have included an MRI of the lumbar spine on 07-03-2014 which showed mild spondylosis and small left disc protrusion resulting in mild left lateral recess stenosis at L5-S1, and minimal spondylosis and small right foraminal disc protrusion at L4-5 resulting in mild right foraminal stenosis; and an electrodiagnostic study on 12-11-2013 which showed evidence of left L5-S1 radiculopathy. It was noted that the injured worker is unable to

return to his usual occupation, but is able to perform another line of work. The treating physician noted that the injured worker was prescribed Gabapentin cream since he had failed several oral pain medications due to side effects, including oral Gabapentin. The Gabapentin cream is taken as needed, and helped to decrease his pain significantly and allowed the injured worker to relax more. It was noted that the cream is prescribed to help reduce pain and to avoid any and all oral medications. There were no side effects noted. The treating physician requested Gabapentin 10% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Container of Gabapentin 10% cream: 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 Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing medication in the anti-seizure class. The MTUS Guidelines do not recommend topical gabapentin because the literature is not sufficient to support its use. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an indefinite supply of a cream containing 10% gabapentin is not medically necessary.