

<b>Case Number:</b>	CM15-0147988		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	01/21/2009
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62 year old female, who sustained an industrial injury on January 21, 2009. The mechanism of injury was not provided in the medical records. The injured worker has been treated for low back complaints. The injured worker was diagnosed with lumbar degenerative disc disease. Documented treatment and evaluation to date has included medications and topical analgesics. Work status was not provided in the medical records. Most current documentation dated April 2, 2015 notes that the injured worker reported constant low back pain which radiated to the buttocks and back of the thighs and legs. The pain was rated a 7-8 out of 10 on the visual analogue scale. Examination of the lumbar spine revealed normal lordosis and a decreased range of motion. A straight leg raise test was negative bilaterally. Sensory and motor examinations were normal. The injured worker was noted to have a flare-up of discogenic pain. The treating physician's plan of care included a request for a retrospective Gabapentin compound 150 gm quantity 1 with date of service 04-07-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Gabapentin compound 150gm, QTY: 1, DOS: 04/07/15: 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.

**Decision rationale:** The patient presents with low back pain, rated 7-8/10. The request is for RETROSPECTIVE REQUEST FOR GABAPENTIN COMPOUND 150 GM, QTY: 1, DOS:

04/07/15. Examination to the lumbar spine on 04/02/15 revealed decreased range of motion. Per 04/02/15 progress report, patient's diagnosis includes degeneration of lumbar or lumbosacral intervertebral disc. Patient's medications, per 04/02/15 progress report include Menthoderm, Naproxen, and Terocin. Patient's work status is modified duties. MTUS has the following regarding topical creams, p111, Topical Analgesics: "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." In this case, only one progress report was provided in which the treater's reason for the use of this medication is for flare-up of patient's discogenuc back. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in cream form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.