

Case Number:	CM15-0180029		
Date Assigned:	09/21/2015	Date of Injury:	11/26/2002
Decision Date:	10/26/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 65 year old female who sustained an industrial-work injury on 11-26-02. A review of the medical records indicates that the injured worker is undergoing treatment for status post lumbar decompression L4-5 and L5-S1, neural encroachment L5 and S1 with radiculopathy, cervical facet osteoarthropathy multiple levels, cervical stenosis, and complex regional pain syndrome (CRPS). Medical records dated (6-11-15 to 7-22-15) indicate that the injured worker complains of persistent pain in the neck with pain radiating into right upper extremity greater than left upper extremity with numbness and weakness. The medical record dated 7-22-15 reports that the pain is rated 5-7 out of 10, and current medication facilitates maintenance of activities of daily living (ADL), such as household duties, bathing, shopping, and cooking. The physician indicates in the medical record dated 7-22-15 that "the injured worker recalls history of gastrointestinal upset with use of nonsteroidal anti-inflammatory drug with no proton pump inhibitor; however, denies gastrointestinal upset with use of proton pump inhibitor at current dose." The physician also indicates that "Lidoderm patches help to decrease the neuropathic pain." Per the treating physician report dated 7-22-15 the injured worker is permanent and stationary. The physical exam dated 7-22-15 reveals tenderness of the lumbar spine, limited lumbar range of motion due to pain, and deconditioning of the lumboparaspinal musculature. There is tenderness of the cervical spine, there is spasm of the lumboparaspinal musculature, and positive Tinel's in the right wrist and diminished sensation in the median nerve distribution of right wrist area. The medical record indicated that a urine toxicology test was performed during the visit. Treatment to date has included pain medications including Norco

and Protonix, lumbar surgery, lumbar brace, lumbar epidural steroid injection (ESI), acupuncture, physical therapy, home exercise program (HEP), and other modalities. The request for authorization date was 8-10-15 and requested service included topical compound cream Gabapentin 300grams DOS 08-25-2015. The original Utilization Review dated 9-1-15 non-certified the request as there is no reason that the injured worker could not take this orally as intended; therefore, not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream Gabapentin 300grams DOS 08/25/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The CA MTUS guidelines on topical analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when first-line agents, such as antidepressants and anticonvulsants, have failed. However, Gabapentin is not recommended as a topical ingredient by the MTUS, and as the guidelines state, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for topical compound cream Gabapentin 300grams DOS 08/25/2015 is not medically necessary.