

Case Number:	CM15-0180432		
Date Assigned:	09/22/2015	Date of Injury:	08/01/2013
Decision Date:	10/30/2015	UR Denial Date:	08/31/2015
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

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 40 year old female, who sustained an industrial injury on 08-01-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic low back pain. Medical records (01-15-2015 to 08-20-2015) indicate ongoing low back pain with left lower extremity symptoms. Pain level was 7 out of 10 on a visual analog scale (VAS). Records also indicate continued decline in activity and function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-20-2015, revealed restricted flexion of the lumbar spine, no signs of infection and no lower extremity neurological deficits which was unchanged from previous exam dated 07-16-2015. Relevant treatments have included lumbar decompression surgery (04-09-2015), physical therapy (PT), shockwave therapy, work restrictions, and pain medications (hydrocodone, tramadol, naproxen, pantoprazole and cyclobenzaprine). The request for authorization (08-20-2015) shows that the following medication requested: gabapentin 6% in base 300gm with 3 refills. The original utilization review (08-31-2015) non-certified a request for gabapentin 6% in base 300gm with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 60 in base 300 gm x 3 refills: 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 patient presents on 07/16/15 with lower back pain rated 7/10. The patient's date of injury is 08/01/13. Patient is status post lumbar decompression surgery on 03/09/15. The request is for Gabapentin 60 in base 300 gm x 3 refills. The RFA was not provided. Physical examination dated 07/16/15 reveals a well healed lumbar incision, and notes no focal lower extremity neurological deficits. The patient is currently prescribed Hydrocodone, Tramadol, Naproxen, Pantoprazole, and Cyclobenzaprine. Patient is currently temporarily partially disabled. MTUS Guidelines, Topical Analgesics section, page 111-113 has the following under Gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Regarding topical compounded creams on pg, 111 guidelines state, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the compounded topical cream containing Gabapentin, the requested cream is not supported by MTUS guidelines. While this patient presents with chronic pain complaints unresolved by surgical intervention and conservative measures, MTUS guidelines do not provide support for Gabapentin in topical formulations owing to a lack of peer-reviewed literature demonstrating efficacy. Guidelines also state that any topical compounded cream, which contains an unsupported ingredient, is not indicated. Therefore, this request is not medically necessary.