

Case Number:	CM15-0180639		
Date Assigned:	09/22/2015	Date of Injury:	09/24/2012
Decision Date:	10/28/2015	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

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 47 year old female who sustained an industrial injury on 9-24-12. A review of the medical records indicates she is undergoing treatment for status post right shoulder arthroscopic subacromial decompression and status post arthroscopic partial distal claviclectomy. Medical records (4-17-15) indicate that the injured worker "has recovered from the effects of her right shoulder surgery of 11-17-14." The report states that she "has regained full range of motion of her right shoulder without discomfort" and that she "feels capable of resuming her former occupation". The physical exam reveals full range of motion in the right shoulder. The treating provider states that the injured worker "has reached maximum medical improvement in regard to her right shoulder impingement syndrome". She was noted to have no work restrictions. The utilization review (9-1-15) indicates the request for authorization, dated 7-17-15, included Gabapentin 6% in base 300grams with 3 refills. The UR indicates denial of the treating, citing that "topical medications are not medically necessary per evidence based guidelines".

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 6% in base, 300gm with 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 current request is for Gabapentin 6% in base, 300GM with 3 refills. The RFA is dated 07/17/15. Treatment history include right shoulder surgery (11/17/14), physical therapy, rest, and medications. The patient may return to work with no restrictions. MTUS, Topical Analgesics section, pg. 111: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. MTUS, Topical Analgesics, pg. 113: Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. Per report 04/17/15, the patient presents with continue right shoulder pain. Examination revealed full range of motion without discomfort, and impingement signs are negative. The patient feels capable of resuming her former occupation. The treater states that the patient has failed oral NSAID due to GI upset, and recommended a topical cream. In this case, the requested topical agent consists of Gabapentin which is not indicated for topical use. The requested topical Gabapentin is not medically necessary.