

Case Number:	CM15-0182344		
Date Assigned:	09/22/2015	Date of Injury:	10/16/2006
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/16/2015

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 female, who sustained an industrial injury on 10-16-2006. The injured worker is undergoing treatment for right shoulder impingement syndrome with rotator cuff tendinopathy, status post left ulnar shortening osteotomy for ulnar impaction syndrome, right ulnar neuropathy, cervical myofascial pain, and left wrist contusion of the lunate. The request for authorization is for: Gabapentin 6 percent in base, 300 grams apply 3 grams 3-4 times a day with 3 refills. The UR dated 9-3-2015: non-certified the request for Gabapentin 6 percent in base, 300 grams apply 3 grams 3-4 times a day with 3 refills. Dates of service 1-22-15 to 5-21-15: she reported right shoulder, neck and left wrist, hand and forearm pain. Physical findings have included tenderness and positive impingement and jobe testing of the right shoulder. The left wrist and neck was been reported as essentially unchanged. Pain ratings have been: right shoulder 7 out of 10; left wrist, hand, forearm 6 out of 10; neck 5 out of 10. No noted changes in pain level during these dates of service (1-22-15 to 5-21-15). On 5-21-15, the provider noted, right shoulder condition is worsening with decline in range of motion. However, there are no ranges of motion results throughout the medical records. There is no discussion regarding failure of oral medications. The treatment and diagnostic testing to date has included: urine drug screen (1-22-15 and 3-19-15), electrodiagnostic studies reported to be positive for right ulnar neuropathy on 4-2-14, medications included: hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 6% in base, 300gms with 3 refills (apply 3-4x per day): 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 with pain in the right shoulder, rated 7/10, and the right wrist/hand, rated 6/10. The request is for GABAPENTIN 6% IN BASE; 300GMS WITH 3 REFILLS (APPLY 3-4x PER DAY). Physical examination to the right shoulder on 03/19/15 revealed tenderness to palpation to the anterior aspect of the AC joint. Per 04/16/15 progress report, patient's diagnosis include right shoulder impingement syndrome with rotator cuff tendinopathy, status post left ulnar shortening osteotomy for ulnar impaction syndrome, right ulnar neuropathy (electrodiagnostics positive 4/2/14), cervical myofascial pain, and contusion of the lunate, left wrist. Patient's medication, per 05/21/15 progress report includes Hydrocodone. Patient is temporarily very disabled. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 111, Topical Analgesic section has the following: "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 photocontact dermatitis. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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." The treater does not discuss this medication; no RFA was provided either. Review of the medical records provided does not indicate a prior use and it appears that the treater is initiating this medication. This topical contains Gabapentin, which is not supported by the guidelines for topical use. MTUS pg 111 states that if one of the ingredients is not indicated, then the entire compound is not indicated. The request IS NOT medically necessary.