

Case Number:	CM15-0183703		
Date Assigned:	09/24/2015	Date of Injury:	06/09/2007
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/18/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee, ankle, elbow, and low back pain reportedly associated with an industrial injury of June 9, 2007. In a utilization review report dated September 2, 2015, the claims administrator failed to approve a request for a gabapentin-containing topical compound. A July 1, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said July 1, 2015 office visit, the applicant reported multifocal complaints of low back, knee, ankle, and elbow pain. Tramadol, Norco, Naprosyn, Protonix, and Flexeril were seemingly endorsed. The applicant's permanent work restrictions were renewed. No specific mention of the topical compound seemingly transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 6% 300 grams (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: No, the request for a topical gabapentin compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, i.e., the agent in question, is not recommended for topical compound formulation purposes. The attending provider failed to furnish a clear or compelling rationale for provision of this particular agent in the face of the unfavorable MTUS position on the same. The applicant's concomitant usage of numerous first-line oral pharmaceuticals to include Naprosyn, tramadol, Norco, etc., moreover, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" gabapentin-containing topical compound in question. Therefore, the request was not medically necessary.