

<b>Case Number:</b>	CM15-0185924		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	03/01/2011
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 33 year old female who reported an industrial injury on 3-1-2011. Her diagnoses, and or impressions, were noted to include: right shoulder partial tear supraspinatus with tendinitis, labral tear and acromioclavicular osteoarthropathy, right shoulder; rule-out early sympathetically maintained pain syndrome right upper extremity; status-post right shoulder arthroscopy (2-9-15); and right cubital tunnel syndrome. No current imaging studies were noted; recent toxicology studies were noted on 3-26-2015, noting inconsistent findings. Her treatments were noted to include: right shoulder arthroscopy (2-9-15) with post-operative physical therapy; right wrist brace; trans-cutaneous electrical nerve stimulation unit therapy; medication management with toxicology studies; and rest from work. The progress report of 5-1-2015 reported: status-post right shoulder arthroscopy, 2-2015, with complaints of right upper extremity burning pain, with diffuse weakness; and an inquiry for topical non-steroidal anti-inflammatory (NSAID) due to recollection of an efficacious trial which diminished her pain by 5 points, improving range-of-motion; and recollection of failed oral NSAID even with proton pump inhibitors (PPI), due to gastrointestinal (GI) upset. The objective findings were noted to include: diffuse tenderness in the right shoulder, with limited and painful range-of-motion, positive impingement sign, and atrophy in the right deltoid musculature. The physician's requests for treatment was noted to include topical NSAID, Ketoprofen 300 grams, applied 3 times a day with 3 refills, recalled failed oral NSAID due to GI upset, even with PPI. The Request for Authorization, dated 8-10-2015, was noted for reconsideration for approval of Gabapentin 6% in base, 300 grams; apply 3 grams 3-4 times a day, with 3 refills to decrease

inflammation and pain and further facility objective improvement after failed 1st and 2nd line NSAID options, due to adverse GI effects, non-efficacious respectively, referencing the 5-1-2015 progress notes. The Utilization Review of 8-27-2015 non-certified a request for Gabapentin 6% in base 300 grams, apply 3 grams 3 x a day, with 3 refills.

### **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, apply 3 gms three times a day, three 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 MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, a-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per MTUS p113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." As topical gabapentin is not recommended, the request is not medically necessary.