

Case Number:	CM15-0187407		
Date Assigned:	09/29/2015	Date of Injury:	08/02/2005
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/23/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 63 year old female, who sustained an industrial-work injury on 8-2-05. She reported initial complaints of left knee, right knee, left ankle, low back pain. The injured worker was diagnosed as having carpal tunnel syndrome, bilateral knee, left ankle, and low back pain. Treatment to date has included medication and surgery (right radial tunnel decompression 1-12-15). Currently, the injured worker complains of bilateral wrist pain rated 6-7 out of 10. Medications include Hydrocodone and Soma that improve function. Per the primary physician's progress report (PR-2) on 7-8-15, exam noted tenderness over the left knee with crepitus and left ankle with painful range of motion, spasms, and tenderness to palpation in the lumbar spine with decreased range of motion and TTP (tenderness to palpation) over the right knee, and no sensory or motor deficits. The Request for Authorization requested service to include Gabapentin 6% 300grams Refills: 3. The Utilization Review on 9-2-15 denied the request for Gabapentin 6% 300grams Refills: 3, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 6% 300grams Refills: 3: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. The claimant was already on oral opioids. Topical Gabapentin is not indicated for joint and back pain. Since the compound above contains these topical medications, the compound in question is not medically necessary.