

<b>Case Number:</b>	CM15-0189840		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	05/25/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 62 year old male, who sustained an industrial injury on 05-25-2014. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for 2mm C3-C7 protrusion, 2mm L1-2, L3-4, L5-S1 protrusion and 3mm at L4-5, hypertension, possible post-concussion syndrome including headache, and reactive depression-anxiety. Treatment and diagnostics to date has included MRI's, physical therapy, psychiatric treatment, and medications. Medications have included Oxycodone, Xanax, Cymbalta, Clonidine, Trazodone, Lisinopril, Amlodipine, Hydrocodone, Acetaminophen, Ibuprofen, topical Non-Steroidal Anti-Inflammatory Drug (NSAID). Review of the recent progress note reported the injured worker had 7 out of 10 cervical pain with upper extremity symptoms, 7 out of 10 back pain with lower extremity symptoms, and headache. The treating physician noted that the injured worker had a successful trial of topical Non-Steroidal Anti-Inflammatory Drug (NSAID). Objective findings included tenderness to the cervical and lumbar spine and positive straight leg raise test bilaterally. The Utilization Review with a decision date of 09-02-2015 non-certified the request for compound topical medication Gabapentin 6% in base 300grams with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 5% in base, 300 grams 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): Antiepilepsy drugs (AEDs), Topical Analgesics.

**Decision rationale:** Although Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury nor identified any contraindication to oral medications requiring topical formulation. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury in terms of increased ADLs and functional status, decreased pharmacological dosing and medical utilization for this chronic May 2014 P&S injury. Previous treatment with topical Gabapentin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 5% in base, 300 grams with 3 refills is not medically necessary and appropriate.