MAXIMUS Federal Services

Case Number:	CM15-0191704		
Date Assigned:	10/05/2015	Date of Injury:	06/26/2007
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/29/2015

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, North Carolina
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 51 year old female, who sustained an industrial-work injury on 6-26-07. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, facet syndrome of the lumbar spine, lumbar stenosis, lumbar radiculopathy, lumbar degenerative disc disease (DDD) and lumbar disc protrusion. Treatment to date has included pain medication, Gabapentin since at least 4-21-15, diagnostics, pain psychologist, physical therapy, acupuncture and other modalities. She has tried Lipido cream and Elavil. The current medications include Prilosec, Gabapentin, Ibuprofen, Capsaicin cream, and Cymbalta. Magnetic resonance imaging (MRI) of the lumbar spine dated 10-8-14 reveals disc protrusion with stenosis L5-S1 and disc bulging L4-5 resulting in bilateral stenosis. EMG-NCV (electromyography and nerve conduction velocity) testing was performed on 1-24-13 of the bilateral lower extremities reveals right L5-S1 radiculopathy. Medical records dated (4-21-15 to 7-14-15) indicate that the injured worker complains of increased pain in the back and bilateral lower extremities with weakness and numbness in the bilateral lower extremities (BLE). Per the treating physician report dated 7-14-15 the work status is permanent and stationary but last worked August of 2014. The physical exam dated 7-14-15 reveals that the injured worker is unable to heel-toe walk due to weakness. There is tenderness to palpation over the lumbar spine with spasm noted. There is decreased range of motion in the cervical, thoracic and lumbar spine. There is decreased sensation throughout the right upper extremity and to the right L4, L5 and S1 dermatomes. The straight leg raise on the right reproduces symptoms to the foot, positive slump test bilaterally and Lasegue is positive on the right. The physician indicates that she has

Nonsteroidal anti-inflammatory drug induced gastritis. The request for authorization date was 7-14-15 and requested service included Gabapentin 10%. The original Utilization review dated 9-2-15 non-certified the request for topical Gabapentin 10% as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%: 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: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Compounded products that contain at least one drug (or drug class) that is not recommended is not recommended. This patient has had chronic low back pain since his date of injury of 6/26/07. In this case the request is for topical Gabapentin 10%. Gabapentin is specifically not recommended for topical use. There is no peer-reviewed literature to support its use. Therefore the request for topical Gabapentin is not medically necessary or appropriate.