

<b>Case Number:</b>	CM15-0197875		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	12/29/2004
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 60-year-old female, with a reported date of injury of 12-29-2004. The diagnoses include myofascial low back pain, rule out lumbar intradiscal component, and rule out lumbar radiculopathy. Treatments and evaluation to date have included Tramadol, physical therapy, Cyclobenzaprine, an NSAID (non-steroidal anti-inflammatory drug), and a topical compound medication. The diagnostic studies to date have included a urine drug screen on 03-04-2015 with negative findings. The follow-up consultation report dated 08-14-2015 indicates that the injured worker had low back pain with lower extremity symptoms. The pain was rated 7 out of 10 (07-17-2015 to 08-14-2015). The injured worker complained of headaches and intermittent cognitive changes. It was noted that the compounded medication (name not provided) helped to decreased the pain and improve the injured worker's tolerance to activity, and he desired to continue the compound medication. The objective findings (07-17-2015) to 08-14-2015) include tenderness of the lumbar spine; lumbar flexion at 40 degrees; lumbar extension at 35 degrees; left and right lateral tilt at 30 degrees; left and right rotation at 35 degrees; spasm of the lumboparaspinal musculature; and difficulty arising from a seated position. The injured worker's disability status was noted as permanent and stationary. The request for authorization was dated 09-04-2015. The treating physician requested topical Gabapentin 300 grams with three refills and physical therapy three times a week for four weeks for the lumbar spine. On 09-16-2015, Utilization Review (UR) non-certified the request for topical Gabapentin 300 grams with three refills and physical therapy three times a week for four weeks for the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Topical Gabapentin 300 G With Refills X 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in December 2004 with injury to the low back and continues to be treated for low back pain with lower extremity symptoms. From 12/23/14 though 04/16/15, 12 physical therapy treatments were provided. When seen, pain was rated at 7/10. Medications were providing benefit including improved activities of daily living. Physical examination findings included decreased lumbar spine range of motion. There was lumbar spine tenderness with paraspinal muscle spasms. She had difficulty arising from a seated position. Recommendations included 12 sessions of physical therapy and topical compounded gabapentin. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other topical treatments with generic availability that could be considered. This medication is not medically necessary.

### **Physical Therapy 3 X 4 To The Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in December 2004 with injury to the low back and continues to be treated for low back pain with lower extremity symptoms. From 12/23/14 though 04/16/15, 12 physical therapy treatments were provided. When seen, pain was rated at 7/10. Medications were providing benefit including improved activities of daily living. Physical examination findings included decreased lumbar spine range of motion. There was lumbar spine tenderness with paraspinal muscle spasms. She had difficulty arising from a seated position. Recommendations included 12 sessions of physical therapy and topical compounded gabapentin. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled

physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program and does not reflect a fading of skilled treatments. The request is not medically necessary.