

<b>Case Number:</b>	CM15-0200953		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	06/09/2011
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 61 year old male, who sustained an industrial injury on 06-09-2011. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for cervical pain, shoulder impingement, lateral epicondylitis, and cervical sprain-strain. Treatment and diagnostics to date has included cervical spine MRI and medications. Recent medications have included Norco and Tramadol (both prescribed since at least 04-10-2015). Subjective data (07-10-2015 and 08-07-2015), included chronic cervical and lumbar spine pain and postoperative pain in the left shoulder rated 5-6 out of 10 without medications and 3-4 out of 10 with Norco and Tramadol. Objective findings (08-07-2015) included spasm and tenderness over the cervical and lumbar paravertebral muscles. The request for authorization dated 09-22-2015 requested Percocet, Tramadol, Flurbiprofen cream, Gabapentin cream 240 grams, Terocin pain patch, Theramine, and Sentra AM. The Utilization Review with a decision date of 09-29-2015 non-certified the request for Gabapentin cream 240 grams, apply 1-2x a day to the affected area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin cream 240g:** Upheld

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

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

**Decision rationale:** The patient presents on 08/10/15 with left shoulder pain rated 7/10. The patient's date of injury is 06/09/11. Patient is status post unspecified left shoulder surgery on 08/15/14. The request is for GABAPENTIN CREAM 240G. The RFA is dated 09/22/15. Physical examination dated 08/10/15 reveals tenderness to palpation of the left acromioclavicular joint, left trapezius muscle with spasms noted, and positive impingement sign in the affected extremity. The patient is currently prescribed Tramadol and Percocet. Patient's current work status is not provided. MTUS Guidelines, Topical Analgesics section, page 111-113 has the following under Gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Regarding topical compounded creams on pg 111. guidelines state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the compounded cream containing Gabapentin, the requested cream is not supported by MTUS guidelines. MTUS guidelines do not provide support for Gabapentin in topical formulations owing to a lack of peer-reviewed literature demonstrating efficacy. Guidelines also state that any topical compounded cream which contains an unsupported ingredient is not indicated. Therefore, this request IS NOT medically necessary.