

<b>Case Number:</b>	CM15-0201615		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	06/16/2003
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/23/2015
<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: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 71-year-old female who sustained a work-related injury on 6-16-03. Medical record documentation on 9-11-15 revealed the injured worker was being treated for status post anterior cervical discectomy and fusion at C3-4, pseudoarthrosis at the cervical fusion site, moderate to severe cervical stenosis, facet arthropathy of the lumbar spine and lumbar radiculopathy. She reported pain in the neck and back. She rated her neck pain a 7 on a 10-point scale (7 on 8-31-15) and noted that her neck pain radiated on the left to the chin. She had throbbing spasms and burning pain in the neck. She reported low back pain which was worse on the left side and radiated into her leg and hip joint. She rated her low back pain an 8 on a 10-point scale (8 on 8-31-15). She reported severe difficulty with dressing herself, bathing herself, and with activities of daily living such as laundry, cooking and cleaning. She had twelve sessions of chiropractic therapy which helped to reduce her pain, improved her walking 15-20 minutes and made her feel stronger. Previous trigger point injections in her neck bilaterally helped to reduce her pain by more than 50% temporarily. Her current medications included Gabapentin cream (since at least 1-28-15), Motrin, Prilosec and Vicodin. Objective findings included cervical spine range of motion of flexion to 30 degrees, extension to 5 degrees, bilateral lateral bending to 10 degrees, and bilateral rotation to 40 degrees. Her lumbar spine range of motion included flexion to 30 degrees, extension to 10 degrees, and bilateral lateral bending to 15 degrees. She had diffuse tenderness to palpation in the cervical paraspinal regions bilaterally and positive spasm in the left cervical paraspinals. She had decreased sensation in the C5-C6, C7, C8, L4, L5 and S1 dermatomes on the left. Her left shoulder range of motion was limited by pain and she had left

shoulder range of motion to 70 degrees. She had positive impingement signs in the left shoulder and limited range of motion of the left wrist and hand. A request for topical cream CM1 gabapentin 10% quantity 1 was received on 9-21-15. On 9-23-15, the Utilization Review physician determined topical cream CM1 gabapentin 10% quantity 1 was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Topical cream CM1 Gabapentin 10% qty: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic) (updated 09/08/15).

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

**Decision rationale:** As per MTUS guidelines, topical analgesics are considered experimental with poor to no evidence to support safety or efficacy. This is a non-FDA approved compounded product containing gabapentin. Gabapentin is not FDA approved for topical application. There is no evidence to support its use topically. Not medically necessary.