

<b>Case Number:</b>	CM15-0205890		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	07/08/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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:

This is a 53 year old female with a date of injury on 7-8-13. A review of the medical records indicates that the injured worker is undergoing treatment for neck, back and left shoulder pain. Progress report dated 5-29-15 reports complaints of continuous neck pain that radiates to her upper bilateral upper extremities with numbness and tingling. The pain is constant and ranges from 7 out of 10 most days, on a good day 4 out of 10 and on a bad day 9 out of 10. She has headaches associated with the neck pain. Heat and medication help relieve the pain. She also has complaints of lower back pain radiating down the bilateral lower extremities. The pain ranges from 7 out of 10 most days, on a good day 3-4 out of 10 and on a bad day 9 out of 10. She has increased pain with activities and movement. The pain is relieved by heat and medications. Medications include: norco, ibuprofen, flexeril, atenolol, lipitor, compound creams, medicated patches and hydrochlorothiazide. Treatments include: medication, physical therapy, acupuncture, chiropractic and injections. Request for authorization was made for Gabapentin cream 240 gm. Utilization review dated 10-14-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin cream 240gm:** 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:** The claimant sustained a work injury in July 2013 and continues to be treated for neck, back, and left shoulder pain. When seen, she had pain rated at 3-10/10. She was having bilateral upper and left lower extremity radiating symptoms. She had recently undergone cervical spine surgery. There was decreased spinal range of motion. She had decreased left shoulder range of motion. Medications were prescribed including oral and topical gabapentin. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic 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. In this case, oral gabapentin was also being prescribed and prescribing topical gabapentin is duplicative. There are other topical treatments with generic availability that could be considered. This medication is not considered medically necessary.