

<b>Case Number:</b>	CM15-0206737		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, Pain Management, Occupational 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 43 year old male who sustained an industrial injury on 10-12-2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain superimposed on mild degenerative disc disease. According to the Doctor's First Report of Occupational Injury or Illness dated 8-11-2015, the injured worker complained of lower back pain and stiffness. Objective findings (8-11-2015) revealed lumbosacral tenderness, spasm and limited range of motion. Treatment has included physical therapy, chiropractic treatment, lumbar epidural injection and medications (Ibuprofen and Naproxen). The treatment plan (8-11-2015) was for lumbar brace, transdermal topical cream and physical therapy. The original Utilization Review (UR) (9-21-2015) denied a request for Gabapentin compound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin #240 compound filled 09/15/15:** 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:** MTUS 2009 recommends against the use of compounded topical analgesics. Topical compounds containing gabapentin are specifically not supported. This request for a gabapentin containing compounded topical agent does not adhere to evidence-based guidelines and is not medically necessary.