

Case Number:	CM15-0044112		
Date Assigned:	03/16/2015	Date of Injury:	06/27/2013
Decision Date:	04/17/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/09/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The 51 year old male injured worker suffered an industrial injury on 6/27/2013. The diagnoses were cervical, thoracic and lumbar musculoligamentous strain, with radiculitis, right shoulder tendinitis, right elbow epicondylitis and right wrist strain. The diagnostic studies were x-rays. The treatments were medications and physical therapy. The treating provider reported cervical, thoracic and lumbar tenderness with decreased range of motion with spasms. The right shoulder, elbow and right wrist had tenderness with decreased range of motion. He complained of numbness in the right hand that radiates to the hand. The neck and the lower back pain was 8/10. The requested treatment was Gabapentin 10%/Bupivacaine 5% in cream base 180g

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Bupivacaine 5% in cream base 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 80, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." As such, the request for Gabapentin 10%/Bupivacaine 5% in cream base 180g is not medically necessary.