

Case Number:	CM15-0048292		
Date Assigned:	03/20/2015	Date of Injury:	08/09/2006
Decision Date:	05/04/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/13/2015

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:

The injured worker is a 50 year old female who sustained an industrial injury on 8/9/06. The injured worker reported symptoms in the right shoulder, neck, back and right leg. The injured worker was diagnosed as having right shoulder impingement, lumbar herniated nucleus pulposus, and cervical degenerative disc disease. Treatments to date have included oral pain medication, epidural injection, status post shoulder surgery in 2008, and topical creams. Currently, the injured worker complains of pain in the right shoulder, neck, back with radiation to the right leg. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% cream #30 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35, 41, 49, 60, 67, 68, 77-78, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As per MTUS guidelines, topical analgesics are mostly experimental with poor evidence of efficacy. Gabapentin is an antiepileptic, FDA approved for oral use only. This request is an off label non-FDA approved use of an oral medication as a topical cream. Use of topical Gabapentin is not recommended as per guidelines with no evidence to support benefit or safety. Gabapentin cream is not medically necessary.