

Case Number:	CM15-0049716		
Date Assigned:	03/23/2015	Date of Injury:	11/24/2008
Decision Date:	05/06/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/16/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old female, who sustained an industrial injury on 11/24/08. The injured worker has complaints of headaches; neck pain; right shoulder pain and right upper extremity pain. The diagnoses have included cervical discogenic disease and right shoulder tendinitis. Treatment to date has included physical therapy with temporary benefits; several ultrasound guided injections to her right shoulder, were without benefit; orthopedic evaluation; shoulder X-rays revealed right American College of Occupational and Environmental Medicine (ACOEM) narrowing; cervical spine X-ray revealed straightening of the cervical spine with maintained disc height; Magnetic Resonance Imaging (MRI) of the right shoulder dated 11/20/14 and medications. The requested treatment is for Retro (DOS 6/23/14): Compound Gabapentin Cream #120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 6/23/14): Compound Gabapentin Cream #120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin cream is not recommended as topical analgesic. There is no documentation of failure or adverse reactions from a first line oral pain medications. Based on the above prescription of retrospective Gabapentin cream is not medically necessary.