

<b>Case Number:</b>	CM15-0051726		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	03/25/2003
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, 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:

The injured worker is a 64-year-old female, who sustained an industrial injury on 3/25/03. She reported initial complaints of back pain. The injured worker was diagnosed as having chronic pain; sacroiliitis NEC; cervical spondylosis without myelopathy; spondylosis with myelopathy thoracic region; displacement of thoracic or lumbar intervertebral disc without myelopathy; postlaminectomy syndrome lumbar region. Treatment to date has included physical therapy; aquatic therapy; sacroiliac (SI) joint injection; status post C5-C6 discectomy fusion (92003); status post L3-S1 level fusion/decompression (2007); cervical spine MRI (2/23/12). Currently, the PR-2 notes dated 12/23/14 indicated the injured worker complains of persistent lower back pain for two years and worse over the past one year. Pain is described as being in the sacroiliac region bilaterally with bilateral sciatica to the lower extremities and odd paresthesia of lateral aspect of the right foot and down left posteriorly to the left foot. There is a surgical history of a cervical and a lumbar fusion post injury. The injured worker was using prescribed Flexeril, Tylenol #3, capsaicin and topical Gabapentin. The treatment plan was to continue physical therapy, and medications. The provider requested Topical Gabapentin (in PLO 2% Transdermal Cream #60), however this was denied at Utilization Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Gabapentin (in PLO 2% Transdermal Cream #60): Upheld**

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

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

**Decision rationale:** MTUS Guidelines are very specific in the recommendations that only FDA of Guideline approved topicals are supported and that any compound including a non-supported medication is not recommended. The MTUS Guidelines specifically state that topical Gabapentin is not recommended and there are no unusual circumstances to justify an exception to Guidelines. The topical Gabapentin in PLO 2% Transdermal Cream #60 is not medically necessary.