

<b>Case Number:</b>	CM15-0060469		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/03/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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, New York  
 Certification(s)/Specialty: Family Practice

### 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 was a 25 year old male, who sustained an industrial injury, September 3, 2012. The injured worker previously received the following treatments Mobic, Paxil, Gabapentin, Nystatin, Pain management, Cymbalta, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities, lumbar spine MRI, 6 physical therapy treatments, chiropractic services, analgesic adherence program and random toxicology laboratory studies. The injured worker was diagnosed with neuralgia, neuritis and radiculopathy and backache. According to progress note of November 4 2014, the injured workers chief complaint was pain. The injured worker requested different pain medication, due to current medications not controlling pain. The injured worker's pain was rated a 5-8 out of 10; 0 being no pain and 10 being the worse pain. There was no physical examination available. The treatment plan included a prescription renewal for Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600 mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1-127, 16-22, 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants, Gabapentin Page(s): 16-19, 49.

**Decision rationale:** The request is not medically necessary. Gabapentin is an anti-epilepsy drug that is effective for neuropathic pain. The patient has chronic lumbar radiculopathy but no has no documented objective exam findings to corroborate the history. He had an MRI that did not show any nerve root encroachment. He also had a negative EMG/NCV. There isn't enough evidence to support the presence of neuropathic pain. Therefore, the request for Gabapentin is considered not medically necessary.

**Nystatin 100,000/1 gram topical ointment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.uptodate.com](http://www.uptodate.com) Nystatin.

**Decision rationale:** The request is considered not medically necessary. Nystatin is an anti-fungal. The patient does not have documented fungal infection requiring the use of this medication. The accepted medical conditions for this worker's compensation case would not include a fungal infection. Therefore, the request is considered not medically necessary.