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| Case Number: | CM15-0082334 | | |
| Date Assigned: | 05/04/2015 | Date of Injury: | 03/07/2007 |
| Decision Date: | 06/03/2015 | UR Denial Date: | 04/24/2015 |
| Priority: | Standard | Application Received: | 04/29/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 47 year old male, who sustained an industrial injury on 3/7/07. The diagnoses have included status post lumbar surgery with disc replacement, right ankle arthralgia status post two prior surgeries, and chronic low back pain with radicular symptoms. Treatment to date has included medications, lumbar surgery in 2010, activity modifications, orthosis, transcutaneous electrical nerve stimulation (TENS) and physical therapy. The current medications included Hydrocodone, Soma and Ambien. Currently, as per the physician progress note dated 3/10/15, the injured worker complains of low back pain with right side lower extremity symptoms which are worse than the left side. The pain is rated 6/10 on pain scale which was unchanged from previous visit. It was noted that the refractory nature of the lumbar radicular component/neuropathic pain component to antiepileptic drug as well as antidepressant, failed as a result of side effects and states that he had successful trial of topical compound. The objective findings revealed lumbar spine tenderness, decreased range of motion, positive straight leg raise on the right for pain and spasm. The injured worker declines interventional treatment and wants to continue with conservative care to the lumbar spine. The physician noted that the injured worker has failed first and second line oral options in regards to refractory neuropathic component. The physician requested treatment included Gabapentin 6% in base 300 grams to area of neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 6% in base 300 grams: Upheld

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

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

Decision rationale: Gabapentin 6% in base 300 grams is not medically necessary per MTUS guidelines. According to the Chronic Pain Treatment Guidelines MTUS, there is little use to support the use of many of these topical agents. The guidelines state that topical Gabapentin is not recommended. The guidelines state that there is no peer-reviewed literature to support use. The MTUS also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin is not recommended by the MTUS. There are no extenuating circumstances which would necessitate going against guideline recommendations therefore this request is not medically necessary.