

Case Number:	CM15-0082943		
Date Assigned:	05/05/2015	Date of Injury:	08/23/2011
Decision Date:	06/04/2015	UR Denial Date:	04/23/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male, who sustained an industrial injury on August 23, 2011. He reported developing progressive right arm and shoulder symptoms. The injured worker was diagnosed as having lumbar disc disorder, lumbar facet syndrome, low back pain, cervical facet syndrome, and cervical pain. Treatment to date has included MRIs, cervical epidural injection, cervical fusion, transforaminal epidural steroid injection (ESI), medial branch blocks, physical therapy, and medication. Currently, the injured worker complains of pain along the neck and lower back with radiation into legs and muscle spasms, numbness, tingling, and weakness. The Treating Physician's report dated March 2, 2015, noted the injured worker reported his medications continued to reduce his pain level with minimal side effects, with improved function. His current medication was listed as Naproxen. Physical examination was noted to show cervical facet tenderness C3, C4, and C5, and lumbar facet tenderness to palpation L4, L5, S1. Lumbar facet loading was positive on both sides, with bilateral straight leg raise, and pinprick test slightly decreased at S1 bilaterally. The injured worker was noted to have nerve root impingement or radiculopathy, with request for authorization for transforaminal lumbar epidural injection at bilateral L5-S1. The Treating Physician's report dated April 13, 2015, noted the treatment plan included topical ointments given for localized pain, and prescribed anti-inflammatory cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin Compound Powder (Est Cost Of Compound \$ [REDACTED]) 38779268308
Diclofenac Sodium, 51927200700 Baclofen, 38779039506 Cyclobenzaprine HCL,
36779246109 Gabapentin, 38779037409 Tetracaine (Bulk) Powder, 51927-448200 PCCA
Custom Lipo-max: 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 Gabapentin Page(s): 113.

Decision rationale: Regarding the request for a compound powder containing Gabapentin, Diclofenac sodium, cyclobenzaprine, and tetracaine. On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, this compound powder which contains Gabapentin is not medically necessary.