

Case Number:	CM15-0084978		
Date Assigned:	05/07/2015	Date of Injury:	06/20/2013
Decision Date:	06/18/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/04/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 62 year old male who sustained an industrial injury on 06/20/2013. Diagnoses include chronic ankle sprain-right, anterior ankle synovitis with impingement, medial malleolar avulsion fracture-right, tibial nerve irritation-right, and status post right ankle arthroscopy and medial malleolar avulsion fracture fragment excision. Treatment to date has included diagnostic studies, status post right ankle arthroscopy, and excision of avulsion fracture fragment of the medial malleolus on the right on 09/22/2014, medications, ankle brace, crutches, and physical therapy. A physician progress note dated 03/03/2015 documents the injured worker has right foot pain, and he reports his foot is warm to touch. He takes Norco 10/325mg twice a day which reduces his pain from an 8 of 10 to 5 out of 10. Digital hair is present bilaterally and there is no pitting edema or varicosities present. There is mild ecchymosis noted over the medial malleolus but it is quite diffuse. Mild edema throughout the right foot, with blanching noted throughout the foot and ankle. There is hypersensitivity to pinwheel noted to the right medial ankle and foot along the tibial and saphenous nerve distribution. Tinel's to the right tibial nerve attempted, but cannot adequately assess due to pain. Treatment requested is for Gabapentin 10 Percent Cream with 2 Tubes Dispensed 0 Refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10 Percent Cream with 2 Tubes Dispensed 0 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." GABAPENTIN/PREGABALIN (NOT RECOMMENDED) MTUS states that topical Gabapentin is "Not recommended." Further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." As such, the request for Gabapentin 10 percent cream with 2 tubes dispensed 0 refills is not medically necessary.