

<b>Case Number:</b>	CM13-0020072		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/29/2008
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 30-year-old female who reported a work related injury on 04/29/2008. The injury was the result of a fall. The patient presents for treatment of chronic right upper extremity and foot pain. The clinical note dated 07/22/2013 reports the patient was seen under the care of [REDACTED]. The provider documents status post the patient's work related injury she was found to have sustained a right 5th metatarsal base fracture. The patient was initially treated non-operatively and in 08/2008 underwent open reduction and internal fixation for delayed union. Due to persistent symptoms to her right lower extremity, a spinal cord stimulator was placed in 05/2012. Since that time, the patient has been maintained on stimuli along with use of Cymbalta and EMLA cream. The provider reports the patient was last seen in 02/2013. The provider documents the patient presents for re-evaluation and reports constant right lower limb and right upper limb pain. The patient describes the pain as pins and needles and burning sensation. The patient rates her pain at a 7/10 to 8/10 on a pain scale. The provider documents the patient reports about 30% relief of her right lower extremity pain with the stimulator. The patient reports difficulty sleeping secondary to pain, citing about 4 hours of sleep per night. The provider documents the patient was to continue with use of Cymbalta, EMLA cream, and gabapentin 600mg at bedtime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #90 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

**Decision rationale:** The current request for gabapentin 300mg #90 with 1 refill is supported as the provider documents the patient continues to present with persistent pain complaints about the right lower extremity with noted pins, needles, and burning sensation. The patient had rated her pain at a 7/10 to 8/10, and the provider increased the patient's gabapentin dose. Given the patient presents with neuropathic pain complaints, the current request is supported. California Chronic Pain Medical Treatment Guidelines indicate that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. Given all the above, the request for gabapentin 300mg #90 with 1 refill is medically necessary and appropriate.

**Neuropathic/sympathetic compound cream:** Upheld

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

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

**Decision rationale:** This request is not supported. The clinical documentation submitted for review reports that the patient does continue to present with right lower extremity and right upper extremity pain complaints status post a work related injury sustained in 2008. The provider documents the patient utilizes Cymbalta and gabapentin for neuropathic pain. The current request for neuropathic/sympathetic compound cream is not specific as to the pharmaceutical components in this medication. California Chronic Pain Medical Treatment Guidelines indicate that any compounded product that contains at least 1 non-recommended drug or drug class is not recommended for use. Topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Additionally, the guidelines indicate that gabapentin as well as other anti-epilepsy drugs are not recommended as there is no evidence for use of any other anti-epilepsy drug as a topical product. Given all the above, the request for neuropathic/sympathetic compound cream is not medically necessary or appropriate.