

Case Number:	CM14-0135066		
Date Assigned:	08/29/2014	Date of Injury:	12/08/2006
Decision Date:	09/30/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Illinois. 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/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 injured worker is a 60 year old woman was injured on Dec 8, 2006. She had a right total knee replacement and subsequently developed deep vein thrombosis, a pulmonary embolism and stroke. She was found to have an atrial septal defect and a patent foramen ovale. Because of her deep vein thrombosis she was fitted with an inferior vena cava filter and was placed on anti-coagulant therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 7/18/2014 Medications and Supplies Compounded Gabapentin #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Topical Analgesics Page(s): 49,111,113.

Decision rationale: Per the Medical Treatment Utilization Schedule, Gabapentin is an anti-epilepsy drug which has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia. It has been considered a first-line treatment for neuropathic pain. There is no documentation of neuropathic pain in this worker. The Medical Treatment Utilization Schedule states that if one drug (or drug class) in a compounded product is

not recommended, then the entire compound is not recommended. A compounded Gabapentin preparation is not recommended, therefore, it is not considered medically necessary in this worker.