

Case Number:	CM14-0142093		
Date Assigned:	09/10/2014	Date of Injury:	05/29/2010
Decision Date:	10/14/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	09/03/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 39-year-old male with a reported date of injury on 05/29/2010. The injury reportedly occurred when the injured worker was walking a hand truck filled with 300 pounds of boxes; the brakes locked up and started to tip, and as he jumped out of the way, landed awkwardly. His diagnoses were noted to include status post L4-5 decompression, neck pain, and cervical spondylosis. His previous treatments were noted to include epidural steroid injection, physical therapy, and medications. The progress note dated 07/28/2014 revealed complaints of neck pain that radiated to the bilateral upper extremities to the fingers and down the upper back. The physical examination revealed a normal appearing gait with a restricted lumbar range of motion and tenderness to palpation at the lumbosacral junction. The sensory and motor examinations of the lower extremity were intact. There was spasm/guarding of the lower back. The injured worker had restricted/guarded cervical range of motion with tenderness to palpation of the paracervical musculature. The sensory motor examination of the upper extremities was intact with a negative Spurling's. The Request for Authorization form was not submitted within the medical records. The request was for gabapentin topical cream; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentine topical cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

Decision rationale: The injured worker complains of neck and back pain that radiates to the bilateral and lower extremities. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend gabapentin for topical use as there is no peer literature to support use. Other antiepilepsy drugs have no evidence for use as a topical product. Therefore, due to the lack of support from the guidelines as they do not recommend gabapentin for topical use, the request for gabapentin cream is not appropriate. As such, Gabapentin topical cream is not medically necessary.