

<b>Case Number:</b>	CM14-0148762		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, upper back, and low back pain with associated headaches reportedly associated with an industrial injury of July 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and reported return to regular duty work. In a Utilization Review Report dated August 11, 2014, the claims administrator denied a request for a topical compounded medication. The applicant's attorney subsequently appealed. In a medical-legal evaluation of May 19, 2014, the applicant was described as working regular duty work; it was acknowledged, despite ongoing complaints of neck and bilateral hand pain. Medication selection was not discussed. In a June 9, 2014 progress note, the applicant was given prescriptions for oral Cyclobenzaprine and Percocet, along with several dietary supplements and topical compounds, including the gabacyclotram compound at issue.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabacyclotram 180 mg: Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%, 2-3 times a day, three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound Drugs

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including oral Percocet, effectively obviates the need for the largely experimental topical compound at issue. Therefore, the request is not medically necessary.