

Case Number:	CM14-0157337		
Date Assigned:	10/10/2014	Date of Injury:	05/02/2012
Decision Date:	11/04/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/25/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 59 year old male with an injury date of 05/02/12. Based on the 06/24/14 progress report, the patient complains of neck, shoulder, low back and knee pain. There is radiation of pain into the upper extremities. He also experiences headaches, tension between the shoulder blades and migraines. The patient is currently awaiting physical therapy; however, he had to hold off on physical therapy due to the fact that he had a defibrillator implanted. The utilization review being challenged is dated 09/17/14. The rationale follows: 1) MEDS X1: Gabapentin 10% in Capsaicin solution liq. 120ml, refills-2 (Rx:4/29/14) (Dispensed 5/19/14): "gabapentin is not recommended..." 2) MEDS: 1 x Gab 10%, Lid2%, Aloe 5%, Cap.025%, Men 10%, Cam5%, Gel 120ml, refill 2 (Rx 4/29/14) (Dispensed 5/19/14): "gabapentin is not recommended..."

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% in Capsaicin solution liq. 120ml, refills-2 (Rx:4/29/14) (Dispensed 5/19/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: The patient presents with neck, shoulder, low back and knee pain. The request is for Gabapentin 10% in Capsaicin solution liq. 120ml, refills-2 (Rx:4/29/14) (Dispensed 5/19/14). There is radiation of pain into the upper extremities. He also experiences headaches, tension between the shoulder blades and migraines. The MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended." The requested compounded cream contains Gabapentin, which is not indicated by guidelines.

Gab 10%,Lid2%, Aloe 5%, Cap.025%, Men 10%, Cam5%, Gel 120ml, refill 2 (Rx 4/29/14) (Dispensed 5/19/14): Upheld

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

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

Decision rationale: The patient presents with neck, shoulder, low back and knee pain. The request is for Gab 10%,Lid2%, Aloe 5%, Cap.025%, Men 10%, Cam5%, Gel 120ml, refill 2 (Rx 4/29/14) (Dispensed 5/19/14). There is radiation of pain into the upper extremities. He also experiences headaches, tension between the shoulder blades and migraines. The MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended." The requested compounded cream contains Gabapentin, which is not indicated by guidelines.