MAXIMUS Federal Services

Case Number:	CM14-0097408		
Date Assigned:	07/28/2014	Date of Injury:	05/13/2011
Decision Date:	09/22/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/25/2014

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 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 injured worker is a 56 year-old female who reported a work related injury on the date of 05/13/2011 when she reportedly fell and slipped on a wet spot on the floor. The injured worker's diagnoses consist of low back pain with neuropathic symptoms in the lower extremities into L5-S1 dermatomes, lumbar radiculopathy, and pre-existing cervicothoracic sprain/strain with upper extremity neuropathic symptoms. The past treatments have included physical therapy, caudal epidural steroid injections, H-wave unit, joint injections, SI joint belt, and medication. The subjective complaints upon examination on 07/23/2014 were increased low back pain as well as severe burning radiating down to the right leg, aggravation of symptoms with prolonged stationary sitting, standing or walking, her pain level on a VAS scale was a 7/10 with the use of medication and a 10/10 without medication. She also stated she had only 30 percent of improvement in pain and function with medication regime. Her symptoms of pain are increasing with intensity with activities of daily living. The objective findings were minimal tenderness and palpation over the SI joints, and mild myofascial tenderness in the lumbosacral region. The sensory exam revealed hyperesthesia in the left L5-S1 dermatome. The medications consisted of 10/325 mg of Norco, 600 mg of Neurontin, and 60 mg of Cymbalta, Levothyroxine, Atenolol, and Simvastatin, all of which did not contain prescribed dosage. The treatment plan was for the continuation of Gabapentin 100% patch #240, for 20 day supply. The rationale for the request of Gabapentin 100% patch #240 was to treat neuropathic pain. The request for authorization was submitted for review on 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100% Patch #240, For 20 Day Supply: Upheld

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

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

Decision rationale: The request for Gabapentin 100% patch #240, 20 day supply is not medically necessary. The California MTUS Guidelines note that topical analgesics are primarily used to treat neuropathic pain after failed trails of antidepressants and anticonvulsants. The guidelines also do not support topical analgesics containing Gabapentin due to the lack of peer-reviewed literature to support use. The submitted documentation provided evidence of neuropathic pain, there was a lack of documentation of failure to respond to first line agents for neuropathic pain, including antidepressants and oral Gabapentin which proved to not be effective. There was also a lack of documentation of a statement of exceptional factors explaining why it is medically necessary for treatments outside of the outline guidelines, where topical analgesics containing Gabapentin are not supported. With this being said, based upon the guidelines outline above, the request for Gabapentin 100% patch #240, 20 day supply is not medically necessary.