

Case Number:	CM14-0129193		
Date Assigned:	08/18/2014	Date of Injury:	11/02/2009
Decision Date:	06/02/2015	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51-year-old who has filed a claim for chronic back, shoulder, and neck pain reportedly associated with an industrial injury of November 2, 2009. In a Utilization Review report dated July 23, 2014, the claims administrator failed to approve a request for gabapentin-containing topical compound. The claims administrator referenced a June 18, 2014 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. On March 25, 2014, the applicant reported multifocal complaints of neck, low back, elbow, and shoulder pain. A functional capacity evaluation, general surgery consultation, pain management consultation, MRI imaging of the shoulder, Home Health services, and topical compounded medications were endorsed while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Cyclobenzaprine 10%/ Capsaicin 0.0375% Gel, 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Compound Drugs.

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

Decision rationale: No, the topical compounded gabapentin-cyclobenzaprine-capsaicin containing cream was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, 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 attending provider failed to outline why first line oral pharmaceuticals could not be employed in favor of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounded agents such as the item in question. Therefore, the request was not medically necessary.