

Case Number:	CM14-0218110		
Date Assigned:	01/07/2015	Date of Injury:	03/23/2011
Decision Date:	06/16/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/29/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male who sustained an industrial injury on 3/23/11. The mechanism of injury is unclear. He currently complains of some back pain per progress note 11/19/14. On physical exam he has satisfactory sensory, motor and deep tendon reflexes. Medications are Norco, Celebrex. Treatments to date include gym four days per week, pain medications. Diagnostics include lumbar spine x-ray (11/19/14) showing stable fusion of the spine L5-S1; stable disc replacement L4-5. On 11/25/14 Utilization Review reviewed a request for gabapentin compound-240gm. Medical records only mention Celebrex and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Compound - 240gm: 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 (1) Medications for chronic pain, (2) Topical Analgesics, Page(s): 60, 111-113.

Decision rationale: The claimant is more than four years status post work-related injury and continues to be treated for back pain. When seen, the claimant was doing reasonably well and was working out in a gym four days per week. He was occasionally taking Norco and Celebrex. There was a reversal of normal spinal rhythm with forward flexion. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, this medication is not medically necessary.