

Case Number:	CM14-0218367		
Date Assigned:	01/08/2015	Date of Injury:	12/16/2010
Decision Date:	03/10/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/30/2014

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: California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59-year-old para-educator reported injuries of her left shoulder, right knee and low back after a student forcibly pulled her against a door frame, causing her to fall on 12/16/10. Current diagnoses include lumbar strain, right knee osteoarthritis, L shoulder adhesive capsulitis and chronic pain syndrome. Treatment to date has included cortisone injections, a left shoulder rotator cuff repair, acupuncture and multiple sessions of physical therapy. She has not worked in any capacity since her injury. A functional capacity evaluation performed 9/25/14 revealed that she is unable to carry more than 3 pounds, cannot use her left upper extremity at all, has an antalgic gait and is at high risk for a fall. A panel AME psychological evaluation performed 7/22/14 includes statements that the patient has exaggerated pain behaviors which increase when she is aware that she is being observed, and that she has extreme health problems that are psychogenic in nature. On 10/9/14 the patient's complaints included severe pain in her left shoulder, right knee and low back. Documented exam findings included only a tender swollen right knee. The assessment included a statement that the patient has been wasting her time with psychotherapy sessions. The treatment plan included having the patient resume Vicodin and continue omeprazole. The treating physician stated that he had given the patient a topical solution "which will hopefully help alleviate pain in the knee and low back". On December 5, 2014 Utilization Review non-certified a request for gabapentin compound 120 grams #1 citing the California MTUS Chronic Pain Treatment Guidelines, Topical analgesics as a rationale for the denial. On December 30, 2014 an application for IMR for review of gabapentin compound 120 gm #1 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Gabapentin Compound 120gm #1 dispensed 10/13/14: 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 Medications for Chronic Pain, page 60; Topical analgesics, pages 111-113 Page(s): 60, 111-113.

Decision rationale: Gabapentin is an anti-epileptic drug that is usually prescribed in oral form for neuropathic pain. In this case it has been compounded into a form that is applied topically. The first reference cited above states that medications should be started individually while other treatments are held constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it. The second guideline states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support its use. The clinical documentation in this case does not support the use of topical gabapentin. It is being started at the same time as Vicodin is being restarted, making it impossible to tell which medication causes any beneficial or adverse effect. This is particularly problematic in this patient, since she previously developed a rash which was felt possibly to be due to Vicodin, and since one of the common side effects of topical creams is rash. The provider has not documented any specific rationale for using topical gabapentin for this patient. She does not have any diagnosis that would indicate her pain is neuropathic. Knee and low back pain are unlikely to be neuropathic in nature. In addition, there is no documentation that this patient is unable to take oral gabapentin even if she does have neuropathic pain. Based on the MTUS citation above and on the clinical records provided for my review, gabapentin compound 120 grams is not medically necessary. It is not medically necessary because it is being started in conjunction with another medication, and because the provider has not documented any rationale for its use that would override its MTUS designation as "not recommended".