

Case Number:	CM14-0100000		
Date Assigned:	07/28/2014	Date of Injury:	01/05/2014
Decision Date:	05/26/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/30/2014

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: Emergency 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 injured worker is a 49 year old female, who sustained an industrial injury on 01/05/2014. She has reported subsequent neck, low back, bilateral shoulder, bilateral upper extremity and bilateral lower extremity pain and was diagnosed with cervicgia, cervical disc displacement, intervertebral disc displacement of the lumbar spine and possible derangement of the bilateral knees, elbows and wrists. Treatment to date has included oral and topical pain medication and application of ice. In a progress note dated 05/26/2014, the injured worker complained of bilateral elbow, knee, wrist, shoulder, neck, low back and right ankle pain. Objective findings were notable for reduced range of motion of the cervical spine, elbows, shoulders, wrists, lumbar spine and knees with tenderness to palpation. A request for authorization of Fanatrex was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fanatrex (gabapentin) 25 mg/ml Oral Suspension #420 ml, Take 1 Teaspoon (5 ml) 3 times a day or as directed by your physician for chronic neuropathic pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Compound drugs; Wynn, 2011; www.dailymed.nlm.nih.gov-Fanatrex.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain (chronic), Medications -compounded.

Decision rationale: The requested Fanatrex (gabapentin) 25 mg/ml Oral Suspension #420 ml, Take 1 Teaspoon (5 ml) 3 times a day or as directed by your physician for chronic neuropathic pain, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines (ODG) - Pain (chronic), Medications - compounded, do not recommend compounded medications as there is no clear evidence "about whether compounding medications are more efficacious than the single medication." The injured worker has bilateral elbow, knee, wrist, shoulder, neck, low back and right ankle pain. Objective findings were notable for reduced range of motion of the cervical spine, elbows, shoulders, wrists, lumbar spine and knees with tenderness to palpation. The treating physician has not documented the medical necessity for compounded medications over single medications, nor failed trials of the constituent ingredient single medications. The criteria noted above not having been met, Fanatrex (gabapentin) 25 mg/ml Oral Suspension #420 ml, Take 1 Teaspoon (5 ml) 3 times a day or as directed by your physician for chronic neuropathic pain is not medically necessary.