

Case Number:	CM15-0002906		
Date Assigned:	01/13/2015	Date of Injury:	04/13/2012
Decision Date:	03/16/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/07/2015

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: Georgia, California, Texas

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 injured worker is a 64 year old male, who sustained an industrial injury to his right elbow on 4/13/12 while attempting to secure metal bars on a door the bars fell and hit his right elbow. He has reported chronic pain right hand, elbow and shoulder. The diagnoses have included chronic pain syndrome, ganglion cyst right wrist and right epicondylitis. Treatment to date has included diagnostics, medications, hand therapy and right ultrasound guided radial nerve block. Currently, as per the primary physician's PR2 dated 11/9/14, the IW complains of persistent pain right hand, elbow and shoulder. He has difficulty raising his hand. He is status post ultrasound guided radial nerve block done on 11/6/14. He notes that he has had two days of excellent pain relief. He notes about 25 percent pain relief at this time in right wrist pain as well as the pain at the elbow. He is continuing his medications and trying to get surgery done. The IW is taking Norco up to 5 times a day and using topical preparations as well which gives him an additional 25 percent pain relief. The IW states that without the medication or the topical solutions he would be unable to function. On 1/2/15 Utilization Review non-certified a request for GABAPENTIN COMPOUND 120GM #1, DISPENSED ON 11/12/14, per 12/16/14 email, noting that this drug is indicated for neuropathic pain, after a trial of antidepressants and anticonvulsants have failed and any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS and Official Disability Guidelines (ODG) Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Compound 120gms., dispensed, per 12/16/2014 email. QTY: 1: 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 Topical analgesics Page(s): 111-113 of 127.

Decision rationale: Records document a history of neuropathic pain treated with opioids and topical compounded gabapentin. A previous trial of first-line or second-line drugs for neuropathic pain is not documented. MTUS does not recommend topical gabapentin, and states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Based upon MTUS guidelines, medical necessity is not established for the requested compounded topical medication.