

Case Number:	CM15-0100039		
Date Assigned:	06/02/2015	Date of Injury:	11/19/2014
Decision Date:	07/15/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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:

This is a 31-year-old female with a November 19, 2014 date of injury. A progress note dated April 24, 2015 documents subjective findings (lower back pain rated at a level of 7/10; lower extremity symptoms), objective findings (tenderness of the lumbar spine; spasm of the lumbar paraspinal musculature, decreased range of motion of the lumbar spine; diminished sensation right greater than left at L5 and S1 dermatomal distributions), and current diagnoses (rule out lumbar intradiscal component; lumbar sprain/strain; rule out lumbar radiculopathy). Treatments to date have included medications, physical therapy, transcutaneous electrical nerve stimulator unit, and exercise. The medical record indicates that medications at the current dosing facilitate maintenance of activities of daily living, that there is a frequent inability to adhere to recommended exercises without medications, and that the injured worker failed a trial of an oral antiepileptic medication. The treating physician documented a plan of care that included Gabapentin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 6 Percent in Base 300 Grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-114.

Decision rationale: According to the MTUS section on chronic pain, 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. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case, the requested medication is topical gabapentin, which is not medically necessary.