MAXIMUS Federal Services

Case Number:	CM15-0109153		
Date Assigned:	06/15/2015	Date of Injury:	08/01/2006
Decision Date:	07/15/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/05/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 8/1/2006. The current diagnoses are neural encroachment L4-5 with radiculopathy. According to the progress report dated 5/28/2015, the injured worker complains of low back pain with lower extremity symptoms. The pain is rated 7/10 on a subjective pain scale. The physical examination of the lumbar spine reveals tenderness, restricted range of motion, and positive straight leg raise test, bilaterally. The current medications are Hydrocodone. Treatment to date has included medication management, x-rays, MRI studies, LSO brace, physical therapy, chiropractic, acupuncture, nerve blocks/injections, and spinal cord stimulator. The plan of care includes prescription for Gabapentin 6%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 6%, 300 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Based on the 05/28/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities, rated 7/10. The request is for Gabapentin 6%, 300 grams. Patient's diagnosis per Request for Authorization form dated 05/28/15 includes neural encroachment L4-5 with radiculopathy. Physical examination to the lumbar spine on 05/28/15 revealed tenderness to palpation. Range of motion within normal limits. Positive straight leg raise test bilaterally. The patient is status post spinal cord stimulator implant with plans for removal. Treatment to date has included medication management, x-rays, MRI studies, LSO brace, physical therapy, chiropractic, acupuncture, nerve blocks/injections, and spinal cord stimulator. Patient's medications include Norco. The patient is not working, per 05/28/15 report.MTUS, pg 111-113, Topical Analgesics Section states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. "Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per 05/28/15 report, treater states "Recall successful trial of topical as did facilitate improved range of motion and improve tolerance to standing and walking." MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form, per MTUS. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.