

Case Number:	CM15-0014390		
Date Assigned:	02/02/2015	Date of Injury:	04/17/2014
Decision Date:	03/30/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/26/2015

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: 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 39-year-old male who reported an injury on 04/17/2014. The injured worker reportedly suffered a pelvic contusion when he became pinned between a rebar machine and a steel table. The current diagnoses include left pelvic contusion, left pelvis hematoma, and left LFCM. The injured worker presented on 12/17/2014 with complaints of left hip pain. The injured worker also reported spasm at night time. Previous conservative treatment includes medication management and physical therapy. The current medication regimen includes Flexeril 7.5 mg, ketoprofen 75 mg, Menthoderm cream and a ketoprofen cream. The injured worker was actively participating in chiropractic treatment for the low back. Upon examination, there was normal range of motion of the right hip without tenderness to palpation. There was no pain with range of motion. There was negative faber and Trendelenburg sign. Examination of the left hip was also within normal limits. Recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM1-Gabapentin 10%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended for topical use. Therefore, the current request is not medically appropriate in this case. There is also no frequency or quantity listed in the request. Given the above, the request is not medically necessary.