MAXIMUS Federal Services

Case Number:	CM15-0019883		
Date Assigned:	02/09/2015	Date of Injury:	03/14/2011
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/02/2015

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, Indiana, New York
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:

The injured worker is a 43 year old female who sustained an industrial injury while moving boxes on March 14, 2011. The injured worker was diagnosed with lumbar herniated nucleus pulposus at L4-5 and L5-S1 with lumbar radiculopathy. There were no surgical interventions documented. According to the primary treating physician's progress report on November 25, 2014 the injured worker continues to experience persistent low back pain with numbness and tingling to the left leg and foot. The injured worker also complains of abdominal discomfort and pain secondary to medication. An abdominal ultrasound was performed on November 12, 2014 due to the continued gastric distress which demonstrated normal results. Current medications consist of Norco, Butrans Patches, Famotidine, Gabapentin cream, Miralax and Docuprene. Recent treatment modalities consist of physical therapy, acupuncture therapy, chiropractic therapy, transcutaneous electrical nerve stimulation (TEN's) and medication. The treating physician requested authorization for 1 prescription of Gabapentin 10% cream; 1 prescription of Gabapentin 10% cream.On December 30, 2014 the Utilization Review denied certification for 1 prescription of Gabapentin 10% cream; 1 prescription of Gabapentin 10% cream. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Gabapentin 10% cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription for gabapentin topical 10% cream Rx#153626 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical gabapentin is not recommended. In this case, the injured worker's working diagnoses are herniated disc L4-L5 and L5 - S1; and left lower extremity radiculopathy. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (topical gabapentin) that is not recommended is not recommended. Consequently, topical gabapentin cream 10% is not recommended. Based on the clinical information in the medical record and the peer-reviewed, evidence-based guidelines, one prescription for gabapentin topical 10% cream Rx#153626 is not medically necessary.

1 prescription of Gabapentin 10% cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription for gabapentin topical 10% cream Rx# 153588 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical gabapentin is not recommended. In this case, the injured worker's working diagnoses are herniated disc L4-L5 and L5 - S1; and left lower extremity radiculopathy. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (topical gabapentin) that is not recommended is not recommended. Consequently, topical gabapentin cream 10% is not recommended. Based on the clinical information in the medical record and the peer-reviewed, evidence-based guidelines, one prescription for gabapentin topical 10% cream Rx#153588 is not medically necessary.