

<b>Case Number:</b>	CM15-0112476		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Connecticut, California, Virginia  
 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:

This is a 40 year old female with an October 24, 2012 date of injury. A progress note dated March 31, 2015 documents subjective findings (cervical pain rated at a level of 7/10; left greater than right upper extremity symptoms), objective findings (tenderness of the cervical spine and paraspinal musculature with spasms; decreased range of motion of the cervical spine; decreased strength and sensation of the left upper extremity), and current diagnoses (protrusion two millimeters at C5-6 and C6-7 with neural encroachment and radiculopathy). Treatments to date have included medications, chiropractic treatments that facilitated diminution in axial cervical pain but were non efficacious in regards to radicular component, magnetic resonance imaging of the cervical spine on March 11, 2015 that showed a two millimeter disc protrusion at C5-6 and C6-7 with neural encroachment, electromyogram/nerve conduction velocity study of the upper extremities on March 24, 2015 that was unremarkable for nerve damage, and physical therapy. The medical record indicates that the injured worker failed a trial of oral anti-epileptic drugs due to side effects, but that a trial of topical anti-epileptic drugs was successful and facilitated improved range of motion and tolerance to standing and walking with no adverse effects. The treating physician documented a plan of care that included a topical compound of Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Topical compound medication: Gabapentin 6%, 300gms: Upheld**

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

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

**Decision rationale:** Gabapentin is not recommended as a topical ingredient by the MTUS, and as the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the request for a compound containing Gabapentin for topical use cannot be deemed medically necessary.