

<b>Case Number:</b>	CM15-0112622		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	02/23/2014
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 30 year old male, who sustained an industrial injury on 2/23/14. He reported feeling slight pain in his right hip, possible slight pain in the back of his head and possible loss of consciousness for 60 seconds. The injured worker states that three days after the industrial accident he began to experience lower back pain radiating to his right leg. He also reported feeling neck, mid back and right knee pain, which was severe. The injured worker is diagnosed with 7 mm protrusion L4-L5 with severe central canal stenosis, lumbar radiculopathy cervical pain with intermittent upper extremity symptoms. Treatment to date has included chiropractic care, home exercise program, physical therapy, medications, MRI and surgery. Currently, the injured worker complains of anhedonia, memory loss, headaches, cervical spine pain (5/10 moderate and intermittent), right elbow pain (mild to moderate and intermittent), low back pain radiating to his left leg accompanied with numbness and tingling sensation (7/10-mild to moderate and constant with some weakness noted at times). Occasional to constant pain is reported with activities of daily living. The injured worker is currently on temporary total disability. The injured worker reported no long lasting improvement in lower back pain with physical therapy. He also reports improved pain to the right lower back radiating to the right leg, but states the left lower back radiating to the left leg has increased since surgical intervention. There is mention of chiropractic care; however no documentation supporting efficacy of treatment is included. The injured worker reports he is actively engaged in a home exercise program. MRI on 5/13/15 reveals severe spinal stenosis. He reported improvement in pain symptoms with anticonvulsants; however, he was unable to tolerate them due to increased

sedation and gastrointestinal upset. The medication Gabapentin compound 6% with three refills is being requested to help decrease/eliminate the injured workers pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Compound medication: Gabapentin 6% with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work-related injury in February 2014 and continues to be treated for radiating low back pain, neck pain, mid back pain, and right knee pain. When seen, there was decreased spinal range of motion with tenderness. There was pain with shoulder range of motion and tenderness of the trapezius muscles. There was bilateral buttock tenderness. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This medication was not medically necessary.