

Case Number:	CM15-0114330		
Date Assigned:	06/22/2015	Date of Injury:	09/10/2013
Decision Date:	07/27/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/12/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 37-year-old female, who sustained an industrial injury on 09/10/2013. She reported neck and upper back pain and was diagnosed with a severe cervicothoracic strain. The injured worker is currently temporarily very disabled. The injured worker is currently diagnosed as having cervical myofascial pain, rule out cervical radiculopathy, thoracic myofascial pain, and left hemi-body neurologic symptomatology. Treatment and diagnostics to date has included physical therapy without relief, chiropractic treatment with relief, oral antiepileptic medication without relief, and other medications. In a progress note dated 04/20/2015, the injured worker presented with complaints of cervical and thoracic pain rated both 6/10 on the pain scale. She stated a prior successful trial of topical antiepileptic medication with decreased pain. Objective findings include cervical and thoracic tenderness with limited range of motion. The treating physician reported requesting authorization for a topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication gabapentin 6% in base, 300grams: 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): 113.

Decision rationale: According to the MTUS, topical Gabapentin is not recommended as there is no peer reviewed literature to support its use. Topical anti-epileptic drugs as a whole are not recommended in the MTUS. Although the record states that this worker has subjective reports of decreased pain with the use of a topical anti-epileptic medication, its use is still not warranted since the medication does not have adequate evidence in the medical literature to support its use. Subjective reports of benefit to a medication are not sufficient evidence by themselves to determine effectiveness in the absence of peer-reviewed studies in which benefit is determined. This request is not medically necessary.