

Case Number:	CM15-0115010		
Date Assigned:	06/23/2015	Date of Injury:	11/11/2013
Decision Date:	07/23/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/15/2015

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: Emergency 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 39 year old male, who sustained an industrial injury on 11/11/13. He reported initial complaints of neck pain with pain and numbness to his right arm/hand. The injured worker was diagnosed as having lateral meniscus tear left knee; left lateral ankle sprain. Treatment to date has included right C5-C6 medial branch block 1/29/15; physical therapy; TENS unit; medications. Diagnostics included cervical MRI scan. Currently, the PR-2 notes dated 3/28/15 indicated the injured worker complains of cervical pain with increasing right upper extremity symptoms on a pain scale of 7/10. He has failed conservative treatment in regards to radicular component including a failed right C5-C6 medial branch block of 1/29/15 as no relief per PR-2 note dated 2/12/15. The provider documents the injured worker's successful trial of antiepileptic drug in regards to radicular pain component however failed due to nausea and lethargy. Recall successful trial of topical antiepileptic drugs which did facilitate significant diminution of right upper extremity neurologic symptomology complex. Medications is listed as hydrocodone 10mg twice a day, naproxen and pantoprazole which he denied any side effects. Objective findings are documented by this provider as tenderness to the cervical spine with cervical range of motion noted as flexion 35 degrees, extension 20 degrees, left and right rotation 25 degrees, left and right lateral tilt 25 degrees, and diminished sensation right C5 and C6 dermatomal distributions. There is a second PR-2 note dated 3/28/15 indicating the injured worker complained of left knee pain on a scale of 8/10 expressing concerns of decline in condition. Medications listed are cyclobenzaprine 7/5mg daily and tramadol ER 100mg twice daily. He also complains of gastrointestinal upset with NSAID even with PPI and expresses

concern in regards to potential development of adverse GI events with NSAID. NSAID facilitates improved range of motion and improved tolerance to standing and walking. The injured worker is inquiring the possible use of topical NSAIDS per this note. Objective findings reveal tenderness at the lateral aspect of the left knee. He has positive McMurray's laterally with range of motion 0 degrees to 100 degrees with crepitation and favors his right lower extremity on ambulation. His gait is slightly antalgic. There is also noted tenderness at the medial left ankle. The provider notes he will continue to request authorization for a left knee arthroscopy as the injured worker has failed to response to extensive conservative treatment to date including physical therapy, home exercise, injections and TENS unit. The provider is requesting authorization at this time for: 1 prescription of topical compound: Gabapentin 6% in base, 300grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of topical compound: 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 page 111-113, Topical Analgesics.

Decision rationale: The requested 1 prescription of topical compound: Gabapentin 6% in base, 300grams, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has left knee pain on a scale of 8/10 expressing concerns of decline in condition. Medications listed are cyclobenzaprine 7/5mg daily and tramadol ER 100mg twice daily. He also complains of gastrointestinal upset with NSAID even with PPI and expresses concern in regards to potential development of adverse GI events with NSAID. NSAID facilitates improved range of motion and improved tolerance to standing and walking. The injured worker is inquiring the possible use of topical NSAIDS per this note. Objective findings reveal tenderness at the lateral aspect of the left knee. He has positive McMurray signs laterally with range of motion 0 degrees to 100 degrees with crepitation and favors his right lower extremity on ambulation. His gait is slightly antalgic. There is also noted tenderness at the medial left ankle. The treating physician has not documented trials of antidepressants or anti-convulsants, nor evidence based medical literature in support of topical Gabapentin. The criteria noted above not having been met, 1 prescription of topical compound: Gabapentin 6% in base, 300grams is not medically necessary.