

Case Number:	CM15-0115161		
Date Assigned:	06/23/2015	Date of Injury:	06/03/2009
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 53 year old female, who sustained an industrial injury on 06/03/2009. She has reported injury to the neck, left shoulder, and low back. The diagnoses have included cervicalgia; cervical myofascial pain and spondylosis; calcific tendinitis, right shoulder infraspinatus and supraspinatus; right shoulder rotator cuff tear with SLAP (superior labrum anterior and posterior) lesion; status post right arthroscopic subacromial decompression, in 11/2012; status post right knee surgery, 07/2012; rule out intra-discal component lumbar spine; and rule out lumbar radiculopathy. Treatment to date has included medications, diagnostics, injections, ice, physical therapy, home exercise program, and surgical intervention. Medications have included Hydrocodone, Naproxen, and Pantoprazole. A progress note from the treating physician, dated 04/29/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right shoulder pain, rated at 6/10 on the pain scale; low back pain with lower extremity symptoms, rated at 7/10 on the pain scale; cervical spine pain with bilateral upper extremity symptoms, rated at 6/10 on the pain scale; right knee pain, rated at 5/10 on the pain scale; and she denies medications to current medications. Objective findings included tenderness at the left shoulder anterior aspect and at the acromioclavicular region; decreased left shoulder range of motion; tenderness of the lumbar spine; and positive straight leg raise test. The treatment plan has included the request for compound medication Gabapentin 6% in base 300g.

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 300g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, anti-depressants, glutamate receptor antagonists, a-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per MTUS p 113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." As topical gabapentin is not recommended, the request is not medically necessary.