

Case Number:	CM15-0120512		
Date Assigned:	07/01/2015	Date of Injury:	10/31/2006
Decision Date:	08/17/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/22/2015

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: Arizona, California

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 39 year old male who sustained an industrial injury on 10/31/06. The mechanism of injury is unclear. He currently complains of achy, stabbing with pins and needles in the low back with radiation of weakness into the bilateral lower extremities, walking more than 15 minutes causes pain and fatigue. His pain level was 5/10. On physical exam there was tenderness on palpation to the L4, L5 levels of the left greater than right lumbar spine with decreased range of motion, decreased sensation in the L5 dermatome, straight leg raise was negative bilaterally but elicits pain at the left lumbar spine, positive Slump test, and positive facet challenge. Medications were naproxen, Norco, Prilosec, gabapentin cream. The medication reduces pain by 60% and the gabapentin reduces pain significantly allowing him to decrease his oral medications. Diagnoses include lumbar facet arthropathy; status post left ankle complaints, status post open reduction internal fixation with retained hardware; herniated nucleus pulposus of the lumbar spine with stenosis; degenerative disc disease of the lumbar spine; mechanical low back pain. Treatments to date include medial branch block L4-5 and L5-S1 (5/12/15) with 90% relief for first three hours then after one day 25%; three epidural steroid injections with significant relief and reduction of lower extremity symptoms; physical therapy; acupuncture with temporary relief. Diagnostics include MRI of the lumbar spine (11/29/11) showing multilevel degenerative disc disease with retrolisthesis, facet arthropathy, L5-S1 with L5-S1 large, left disc protrusion. In the progress note dated 5/18/15 the treating provider's plan of care included a request for gabapentin cream 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% (dosage unspecified), quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin are not recommended due to lack of evidence. In addition, the claimant was on oral analgesics without mention of reduction of use with the implementation of topical Gabapentin. Since the compound above contains these topical Gabapentin, the compound in question is not medically necessary.