

Case Number:	CM15-0124556		
Date Assigned:	07/09/2015	Date of Injury:	05/23/2014
Decision Date:	09/10/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 48 female, who sustained an industrial injury on May 23, 2014. She reported the sudden onset of low back pain and right lower extremity symptoms. The injured worker was diagnosed as having lumbar 4-5 foraminal narrowing with radiculopathy, rule out lumbar interdiscal component, and rule out lumbar radiculopathy. Diagnostic studies to date have included: On December 4, 2014, x-rays of the lumbar spine revealed degenerative change at lumbar 4-5, chronic in appearance with anterior osteophyte formation. On February 2, 2015, an MRI of the lumbar spine revealed degenerative changes at lumbar 4-5, with broad disc bulge asymmetric to the right and facet arthropathy contributing to moderate narrowing of the right lateral recess. On March 12, 2015, an electromyography study of the lower extremities revealed evidence that suggested denervation of the right peroneus longus muscle innervated by the right lumbar 5-sacral 1 nerve root, which can be seen in peroneal nerve neuropathy or in right-sided lumbar 5-sacral 1 radiculopathy. On March 13, 2015, a nerve conduction study of the lower extremities revealed essentially normal results. Treatment to date has included physical therapy, a home exercise program, activity modifications, heat, cold, a lumbar-sacral brace, and medications including short-acting and long-acting opioid analgesic, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury, and no noted co-morbidities. Her current work status is temporarily totally disabled. On April 28, 2015, the injured worker complained of low back pain with right lower extremity symptoms. Associated symptoms include increased right lower extremity weakness. Her pain is rated 7 out of 10. The trial of topical antiepileptic medication decreased her right

lower extremity pain by 50% and increased tolerance to standing and walking by 30%. Medication facilitates activities of daily living. She shifted uncomfortably on the exam table and chair and had difficulty rising from seated position. The physical exam revealed a slightly antalgic gait, tenderness with spasm of the lumbar spine and lumboparaspinal musculature, decreased lumbar range of motion, decreased strength of the right lower extremity, decreased sensation of the right lumbar 5 and sacral 1 dermatomal distributions, positive right straight leg raise for pain to the right foot at 35 degrees, and intact deep tendon reflexes of the bilateral lower extremities. The treatment plan includes topical Gabapentin applied three times a day. Requested treatments include: topical Gabapentin 300 grams refill: 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Gabapentin 300g 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines primarily recommended topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the CMTUS guidelines do not recommend any compound product that contains at least one drug (or drug class) that is not recommended. Topical Gabapentin is not recommended by the CMTUS guidelines as there is no peer-reviewed literature to support its use. There was lack of documentation of the injured worker having failed trials of antidepressants and anticonvulsants, and Gabapentin is not recommended for topical use. Therefore, the topical Gabapentin is not medically necessary.