

<b>Case Number:</b>	CM15-0129215		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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:

This injured worker is a 51-year-old male who reported an industrial injury on 2/11/2014. His diagnoses, and or impression, were noted to include: degeneration of cervical and lumbar intervertebral discs; neck pain; thoracic spine pain; and sciatica. No current imaging studies were noted. His treatments were noted to include acupuncture therapy, physical therapy and chiropractic treatments - none of which provided relief; medication management; and rest from work. The progress notes of 5/11/2015 reported intermittent, moderate radiating neck pain, right > left, into the right arm; and constant, moderate mid and low back pain, right > left, with numbness/tingling into the right lower extremity, and aggravated by sneezing, x 14 months. He also reported that he had not seen a doctor on 4/20/2014, that he was currently not on any medications, and that he had difficulty with sleep. Noted was that he reported that previous medications of Tramadol and Naproxen provided no relief. Objective findings were noted to include no acute distress; tenderness and spasms to the right cervical/thoracic/lumbar paraspinal muscles, with decreased range-of-motion; decreased sensation in the right cervical and lumbar dermatomes; hyper-reflexia in the upper and lower extremities; and positive bilateral Hoffmann's, right straight leg raise, Lasegues maneuver and slump test on the right. The physician's requests for treatments were noted to include the continuation of Gabapentin compound cream for low back pain, sciatica, his radicular symptoms, and to reduce the use of oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10% 30gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics Page(s): 111-113.

**Decision rationale:** The requested Gabapentin 10% 30gm 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 intermittent, moderate radiating neck pain, right greater than left, into the right arm; and constant, moderate mid and low back pain, right greater than left, with numbness/tingling into the right lower extremity, and aggravated by sneezing, x 14 months. The treating physician has documented tenderness and spasms to the right cervical/thoracic/lumbar para-spinal muscles, with decreased range-of-motion; decreased sensation in the right cervical and lumbar dermatomes; hyper-reflexia in the upper and lower extremities; and positive bilateral Hoffmann's, right straight leg raise, Lasegues maneuver and slump test on the right. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Gabapentin 10% 30gm is not medically necessary.