

<b>Case Number:</b>	CM15-0177374		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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 female with an industrial injury dated 07-30-2012-06-18-2013 (cumulative trauma.) Medical record review indicates she is being treated for status post right volar forearm nerve decompression and complex regional pain syndrome right upper extremity. The progress note dated 05-05-2015 documents the injured worker was complaining of right upper extremity pain rated as 9 out of 10. The treating physician documents she was complaining of "stabbing burning pain and overly sensitive right upper extremity." Objective findings are documented as hyperalgesia right upper extremity and "hyperesthesia diffusely." Motor was documented as 4 out of 5 in the right upper extremity. The provider documented the following: Recall successful trial of topical antiepileptic drugs as this did facilitate up to 4 point diminution in neuropathic pain right upper extremity, previously refractory to all treatment. Improved tolerance to a variety of activity involving right upper extremity and increased strength. The provider also documented "1st and 2nd line oral antiepileptic drugs Gabapentin and Lyrica were efficacious as did decrease neuropathic pain component but did ultimately fail due to side effects including nausea and lethargy. Trial of SSRI's for neuropathic pain failed due to nausea and adverse cognitive effects. Provided failed 1st and 2nd line oral options for neuropathic pain we did rotate to trial of topical Gabapentin." The provider also documents that application of topical anti-epileptic drug Gabapentin 3 grams three to four times daily decreased "burning pain" component significantly, an average of 4-5 points on a scale of 10. Prior progress notes dated 06-02-2015 documents the pain as 8 out of 10. The treating physician documents awaiting approval for Gabapentin 300 gm. The progress note dated 08-06-2015 documents pain

rating as 8 out of 10. The physician documents the injured worker was complaining of "decline in activity and function." The treating physician also documents "Await response request for reconsideration for approval for topical compound." According to the progress note dated 08-06-2015 the injured worker was scheduled for right radial tunnel decompression on 08-31-2015. The treatment request is for Gabapentin 6% 300 gm with refills 3. On 08-27-2015 the request for Gabapentin 6% 300 gm with refills 3 was non-certified by utilization review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Gabapentin 6% 300gm with refills 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation ODG, Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**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 antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. In this case, the claimant is on oral SSRIs, analgesics and muscle relaxants. Topical Gabapentin is not proven to provide additional benefit. The topical Gabapentin is not medically necessary.