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| Case Number: | CM15-0177659 | | |
| Date Assigned: | 09/18/2015 | Date of Injury: | 07/23/2006 |
| Decision Date: | 10/21/2015 | UR Denial Date: | 09/03/2015 |
| Priority: | Standard | Application Received: | 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 female, who sustained an industrial injury on 7-23-2006. The injured worker was diagnosed status post lumbar decompression, rule out lumbar intradiscal component, rule out lumbar radiculopathy, cervical pain with upper extremity symptoms, left shoulder pain. The request for authorization is for: Gabapentin 6% base, 300 grams, apply 3 grams three to four times a day with 3 refills. The UR dated 9-3-2015: non-certified the request for Gabapentin 6% base, 300 grams, apply 3 grams three to four times a day with 3 refills. The records indicated failure of non-steroidal anti-inflammatory drugs due to gastrointestinal upset and nausea. On 6-15-2015, she reported low back pain rated 8 out of 10, left knee pain rated 6 out of 10, right knee pain rated 5 out of 10, neck pain rated 6 out of 10, and right shoulder pain rated 6 out of 10. She also reported left lower extremity pain and a decrease in lumbar range of motion. Objective findings revealed tenderness and limited ranges of motion in the low back, neck, left shoulder, and trigger points in the low back area. On 7-13-2015, she reported low back pain rated 8 out of 10, left knee pain rated 6 out of 10, right knee pain rated 5 out of 10, neck pain with radiation to the right upper extremity rated 6 out of 10, and right shoulder pain rated 6 out of 10. She denied side effects to medications of Hydrocodone and Ambien. The records do not indicate the efficacy of medications. The treatment and diagnostic testing to date has included: medications, home exercise, shockwave therapy of the lumbar spine, lumbar support, urine toxicology (4-28-2015), ice, heat, myofascial release, and home exercise, acupuncture, acupressure, trigger point injections, ultrasound, bracing, electrodiagnostic studies (8-26-2014), and TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 6% in base, 300 grams, apply 3 grams 3 to 4 times a day, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Gabapentin 6% in base, 300 grams, apply 3 grams 3 to 4 times a day, with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that topical Gabapentin is not recommended as there is no peer-reviewed literature to support use. The documentation does not indicate extenuating reasons to go against guideline recommendations therefore this request is not medically necessary.