

Case Number:	CM15-0049858		
Date Assigned:	03/23/2015	Date of Injury:	07/20/2010
Decision Date:	06/09/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/16/2015

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, Texas
 Certification(s)/Specialty: 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 51 year old male, who sustained an industrial injury on 7/20/2010. He reported pain of the left shoulder when putting a large box of cardboard into a dumpster. The injured worker was diagnosed as having cervical degenerative disc disease, neuralgia/neuritis, cervical stenosis, left shoulder strain and sternoclavicular arthritis. Treatment to date has included medications, x-rays, cervical spine surgery, laboratory evaluations, and magnetic resonance imaging. The request is for Gabapentin compound powder. On 11-6-2014, he is awaiting authorization for cervical spine surgery. His neck is noted to be tender and radiating pain is noted to the left upper extremity. His pain is not rated. On 1/8/2015, he complained of neck pain and was scheduled for cervical spine surgery. The treatment plan included follow up in 6 weeks. On 1/19/2015, he complained of neck and left shoulder pain. The records do not indicate an intolerance or difficulty in taking oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin compound powder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113.

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the request is for topical gabapentin which is not medically necessary.