

Case Number:	CM15-0066279		
Date Assigned:	04/14/2015	Date of Injury:	02/02/2005
Decision Date:	06/11/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/07/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 51 year old woman sustained an industrial injury on 2/2/2005. The mechanism of injury is not detailed. Evaluations include cervical spine CT scans dated 12/29/2009 and 7/1/2011 and cervical myelograms with x-ray dated 12/29/2009 and 7/1/2011. Diagnoses include neuralgia/neuritis, cervical spondylosis, and cervical spine post-laminectomy syndrome. Treatment has included oral medications, acupuncture, chiropractic treatment, epidural steroid injection, facet joint injection, massage therapy, physical therapy, TENS unit, and heat. Physician notes dated 10/23/2014 show complaints of increased neck, shoulder, and left elbow pain rated 6-7/10 in the neck and shoulders and 3/10 at the elbow. Recommendations include topical medication due to nausea and dizziness with oral version, ice, moist heat, increase physical activity, and discontinue Lyrica, facet block injections, and occipital nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin compound powder #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing a medication in the anti-seizure class. The MTUS Guidelines do not recommend topical gabapentin because there is no literature to support its use. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for #360 of gabapentin compound powder is not medically necessary.