

<b>Case Number:</b>	CM15-0078635		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old female, who sustained an industrial injury on 12/30/2013. Diagnoses include cervical radiculopathy. Treatment to date has included medications, physical therapy, acupuncture, diagnostics including magnetic resonance imaging (MRI) and injections. Per the Follow up Pain Management Report dated 12/30/2014, the injured worker reported neck pain status post cervical epidural steroid injection x 3 with excellent temporary relief. Physical examination is described as unchanged from previous visit. Physical exam dated 8/13/2014 revealed decreased range of motion of the cervical spine in all planes. The plan of care included orthopedic consultation, compound creams, acupuncture and physical therapy, cold and inferential unit and oral medications. Authorization was requested for compound medication 100%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Gabapentin 100%, 180grams:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 12/30/2013. The medical records provided indicate the diagnosis of cervical radiculopathy. Treatment to date has included medications, physical therapy, and acupuncture. The medical records provided for review do not indicate a medical necessity for Compound: Gabapentin 100%, 180grams. Compound Gabapentin 100% is a topical analgesic. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not medically necessary.