

Case Number:	CM15-0094845		
Date Assigned:	05/21/2015	Date of Injury:	06/27/2001
Decision Date:	06/24/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/15/2015

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: North Carolina

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 53 year old female who sustained an industrial injury on 06/27/2001. The injured worker was diagnosed with cervical radiculopathy, cervical facet osteoarthropathy, cervicogenic headaches, lumbar spondylolisthesis and lumbar radiculopathy. Treatment to date includes diagnostic testing, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit, acupuncture therapy, epidural steroid injection, lumbar back brace, left wrist brace and medications. According to the primary treating physician's progress report on April 3, 2015, the injured worker continues to experience cervical pain 7/10 with right upper extremity symptoms and paralleling headaches, low back pain with right lower extremity symptoms rated at 6/10, left shoulder pain at 5/10 and compensatory left ankle pain at 5/10. Examination of the cervical and lumbar spine demonstrated limited range of motion in all planes. Spasm of the cervical trapezius and lumbar paraspinal muscles were less pronounced. Neurological assessment was unchanged. Current medications are listed as Hydrocodone, Pantoprazole, Ibuprofen and Gabapentin cream base. Treatment plan consists of additional cervical spine physical therapy, lumbar epidural steroid injection, extension with psychological therapy; continue with transcutaneous electrical nerve stimulation (TEN's), left wrist, lumbosacral orthosis, medication regimen and the current request for Gabapentin cream with refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Cream 6% Base 300gms with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not certified.