

<b>Case Number:</b>	CM15-0095550		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	11/25/2013
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 29 year old male sustained an industrial injury on 11/25/13. He subsequently reported low back pain. Diagnoses include thoracic and lumbar herniated nucleus pulposus, thoracic stenosis and lumbar radiculopathy. Treatments to date include MRI and x-ray testing, physical therapy, chiropractic care and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, tenderness over the bilateral lumbar facets and limited range of motion in the lumbar spine was noted. A request for Unknown prescription of topical compound Gabapentin, CM1 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of topical compound Gabapentin, CM1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

**Decision rationale:** The 29 year old patient complains of lower back pain, rated at 4-7/10, along with sleep issues, as per progress report dated 04/09/15. The request is for UNKNOWN PRESCRIPTION OF TOPICAL COMPOUND GABAPENTIN CREAM, CM1. The RFA for the request is dated 04/09/15, and the patient's date of injury is 11/25/13. Diagnoses, as per progress report dated 04/09/15, included lumbar and thoracic HNPs, thoracic stenosis, and lumbar facet arthropathy. Medications included Ultracet, Neurontin and Lidopro cream. The patient is not working, as per the same progress report. Regarding topical analgesics, MTUS guidelines on page 111, state that "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, the request for a trial of Gabapentin topical compound is noted in progress report dated 04/09/15. The treater, however, does not explain why this cream was chosen over other topical formulations. MTUS does not support the use of Gabapentin as a topical analgesic. Guidelines also state that "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Hence, the request IS NOT medically necessary.