

Case Number:	CM15-0095872		
Date Assigned:	05/22/2015	Date of Injury:	04/21/2014
Decision Date:	06/25/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	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: 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 04/21/2014 resulting in low back, right knee, right wrist and right shoulder pain. Treatment provided to date has included physical therapy (5 sessions), chiropractic treatments (unknown number of sessions), and medications. Diagnostic tests performed include x-rays of both knees (06/23/2014) showing tricompartmental osteoarthritis; and x-rays of the bilateral wrist (06/23/2014) showing normal findings. Comorbid diagnoses included history of hypertension, type II diabetes, and osteoarthritis. There were no noted previous injuries or dates of injury. On 04/22/2015, physician progress report noted complaints of cervical pain with right greater than left upper extremity symptoms. Pain is rated as 6 (0-10); however, no description of the pain or other symptoms was provided. Additional complaints include right shoulder pain (6/10), right wrist pain (5/10), right knee pain (5/10), left knee pain (3/10), and low back pain (6/10) with right lower extremity symptoms. The injured worker did report that current medications provided the ability to complete activities of daily living. Current medications include tramadol, cyclobenzaprine, naproxen and pantoprazole. The physical exam revealed tenderness to palpation over the cervical and lumbar spines, decreased range of motion in the cervical and lumbar spines, positive straight leg raises, diminished sensation in the right L5-S1 dermatomal distributions, decreased sensation in the C6-C7 dermatomal distributions, tenderness in the right wrist with decreased range of motion, tenderness to palpation of the right shoulder with decreased range of motion and positive impingement signs, and painful patellofemoral crepitation in both knees. The provider noted diagnoses of cervical myofascial pain, rule out cervical radiculopathy, lumbar myofascial pain, rule out lumbar radiculopathy, right shoulder subacromial bursitis and impingement, right wrist strain/sprain, left wrist strain/sprain, rule out TFCC (Triangular Fibrocartilage Complex) tear, and bilateral knee chondromalacia. Plan of care

includes x-rays of the eyes to clear for MRI of the right wrist and shoulder, MRI of the cervical spine, continued physical therapy for the right shoulder, right knee and cervical spine, MRI of the lumbar spine, continued medications, urine drug screen, and follow-up. The injured worker's current work status continued to be temporarily totally disabled. Requested treatments include topical gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Gabapentin: 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 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 medically necessary.