

Case Number:	CM15-0096927		
Date Assigned:	05/27/2015	Date of Injury:	04/18/2005
Decision Date:	07/01/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/19/2015

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:

The injured worker is a 59-year-old female who sustained a work related injury April 18, 2005. According to a primary treating physician's follow-up report, dated April 1, 2015, the injured worker presented with low back pain, rated 5/10, with right greater than left lower extremity symptoms. There is cervical pain noted with bilateral upper extremity symptoms. The current medication is facilitating activities of daily living including; light household duties, shopping for groceries, grooming, and cooking. Physical examination revealed tenderness of the lumbar spine and diminished sensation right C6 and C7 dermatomal distributions. Diagnoses are s/p lumbar fusion L5-S1; s/p cervical fusion; rule out lumbar disc injury; rule out cervical disc injury. Treatment plan included recommendation for continued pain management intervention, and at issue, a request for authorization for Gabapentin 6%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 6% in base, 300 gms: Upheld

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

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

Decision rationale: The patient presents with low back pain radiating to lower extremities rate 5/10 and neck pain radiating to upper extremities. The request is for GABAPENTIN 6% IN BASE, 300 GMS. The request for authorization is not provided. Patient is status-post lumbar fusion, 2009. Status-post cervical fusion, 2002. MRI of the lumbar spine, 07/16/14, shows at L5-S1 is consistent with mild degeneration and a broad-based disc bulge contributing to mild foraminal narrowing bilateral. MRI of the cervical spine, 07/15/14, shows straightening of the normal cervical lordotic curve with a mild reversal at C4-C5. Mild disc bulges and uncovertebral hypertrophic changes, greatest at C4-C5 on the right and to a lesser extent at C5-C6. Physical examination reveals incision well healed lumbar and cervical spine. Tenderness lumbar spine. Diminished sensation right C6 and C7 dermatomal distributions. Conservative treatment has included medications, PT, acupuncture, TENS, Biofeedback and Psychiatrist/Psychologist. Interventional care has included epidural injections and nerve blocks. Patient recalls successful trial of topical antiepileptic drug. This did decrease radicular component cervical and lumbar to 5 points on scale of 10 with improved tolerance to a variety of activity. Recalls failed oral antiepileptic drug as well as gastrointestinal upset and lethargy. Patient's medications include Lyrica, Norco, Lovastatin, Levothyroxine Sodium, Betamethasone Dipropionate and Amlodipine Besy-Benazepril. Per progress report dated 04/01/15, the patient is temporarily totally disabled. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per progress report dated 04/01/15, treater's reason for the request is "topical antiepileptic drug did facilitate improved range of motion cervical and lumbar spine as well as 50% diminution in radicular pain component, upper extremities and lower extremities upon application. Improved strength upper extremities and lower extremities." However, review of reports shows there is no documentation that patient presents with osteoarthritis, for which NSAID portion of the lotion would be indicated according to MTUS guidelines. Additionally, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form per MTUS. Therefore, the request IS NOT medically necessary.