

Case Number:	CM13-0014639		
Date Assigned:	10/07/2013	Date of Injury:	02/14/2011
Decision Date:	02/14/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old male who reported an injury on 02/14/2011. The mechanism of injury was not provided. The patient was noted to be taking Neurontin which was noted to be subtherapeutic and it was indicated the patient was unable to take a higher dose. There was a transition made to Lyrica. The patient's diagnoses were noted to include right knee sprain and strain, right knee medial meniscus tear, status post right knee arthroscopy on 06/07/2011, postoperative complex regional pain syndrome of the right knee, and chronic pain syndrome. The request was made for a trial of a topical medication with analgesic properties consisting of Gabapentin, Flurbiprofen, and Lidocaine in a topical cream for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabaflurbilido cream, #1: 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 Flurbiprofen, Topical Analgesics, Lidocaine, Gabapentin Page(s): 72-111-112-113.

Decision rationale: California MTUS states, "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety....Any compounded product

that contains at least one drug (or drug class) that is not recommended is not recommended...Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product...Lidocaine...Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain... Regarding Topical Flurbiprofen...FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration...the topical Flurbiprofen is not supported by the FDA or the treatment guidelines." The clinical documentation submitted for review by way of the physician's note indicated the requested topical was to include Ketoprofen. However, the submitted request was for Gabapentin, Flurbiprofen, and Lidocaine cream. There was a lack of quantity of the compounded cream being requested. None of the medications that were requested for the compound are approved medications. It was noted the patient could not tolerate a therapeutic dose of Gabapentin and as such the medication was noted to be changed to Lyrica. Since the Gabapentin was documented as being subtherapeutic, and could not be tolerated at a therapeutic level due to side effects and agitation, it was discontinued. There is a lack of rationale for the subsequent inclusion of Gabapentin in the compounded medication. The patient was noted to have tried Pennsaid, but that was documented not to have helped either. Given the above, the request for Gabapentin cream #1 is not medically necessary or appropriate.