

Case Number:	CM13-0017327		
Date Assigned:	10/11/2013	Date of Injury:	02/07/2000
Decision Date:	02/04/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/27/2013

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 Physical Medicine, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of February 7, 2000. The utilization review determination dated August 13, 2013 recommends non-certification of Cyclobenzaprine powder, Gabapentin powder, Flurbiprofen powder, and Tramadol powder. A progress report dated June 20, 2013 identifies subjective complaint stating, "interval VAS pain scale is 5. Presently, on the Norco 10/325 mg 4 tablets a day, Flexeril 7.5 mg 3 times a day, and Omeprazole 20 mg once a day." Objective examination identifies, "lower back and buttocks unchanged, upper and lower extremities unchanged." Assessment states, "lumbar radiculopathy chronic pain syndrome, lumbar spine, shoulder pain." Treatment plan states, "continue with medication no significant side effects or problems." A progress report dated July 18, 2013 identifies medications being used including Cymbalta, ibuprofen 800 mg 3 times a day, Colace one pill twice a day for constipation, and Flector patch. A progress report dated October 4, 2012 identifies treatment plan stating.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Cyclobenzaprine powder 12mg: Upheld

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

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

Decision rationale: Regarding the request for Gabapentin powder, the Chronic Pain Medical Treatment Guidelines state that topical Gabapentin is not recommended. They go on to state that there is no peer-reviewed literature to support its use. Therefore, in the absence of guideline support for the use of topical Gabapentin, the currently requested Gabapentin powder is not medically necessary.

1 prescription of Gabapentin powder 12mg: Upheld

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

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

Decision rationale: Regarding the request for Gabapentin powder, the Chronic Pain Medical Treatment Guidelines state that topical Gabapentin is not recommended. They go on to state that there is no peer-reviewed literature to support its use. Therefore, in the absence of guideline support for the use of topical Gabapentin, the currently requested Gabapentin powder is not medically necessary.

1 prescription of Flurbiprofen powder 30mg: 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 Page(s): 111-112.

Decision rationale: Regarding the request for Flurbiprofen powder, guidelines state that topical NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no indication that the patient has obtained any analgesic effect or objective functional improvement from the use of Flurbiprofen powder. Furthermore, guidelines do not support the use of topical NSAIDs in the treatment of spinal complaints or hip disorders.

1 prescription of Tramadol powder 30mg: 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 Page(s): 75-79 and 111.

Decision rationale: Regarding the request for "Tramadol powder," Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines do not contain criteria regarding the topical use of Tramadol. It appears that this request is for a compound medication with numerous constituents. Guidelines state that compounded medications which contain substances which are not recommended, are not recommended. Since the other 3 topical medications are not medically necessary, topical Ultram also is not medically necessary. Additionally, guidelines state that if opiates are being prescribed, there should be documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding aberrant behavior. Within the documentation available for review, there is no identification of any analgesic effect, objective functional improvement, discussion regarding side effects, or discussion regarding aberrant use, with regard to the topical Tramadol. In light of the above issues, the currently requested Tramadol powder is not medically necessary.