MAXIMUS Federal Services

Case Number:	CM13-0044037		
Date Assigned:	03/28/2014	Date of Injury:	11/27/2007
Decision Date:	05/23/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/25/2013

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. The expert reviewer is Board Certified in Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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/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 injured worker is a 48-year-old female who reported an injury on 11/27/2007 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to the bilateral shoulders, bilateral elbows, and bilateral hands with complaints of upper back pain. The injured worker also sustained an injury to her hip. The injured worker has been prescribed Flurbiprofen and gabapentin since at least 08/2013. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 09/10/2013. It was documented that the injured worker had at least 12 trigger points to palpation. The injured worker's diagnoses included myalgia and myositis and carpal tunnel syndrome. The injured worker's treatment plan included continuation of medications and home care.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIPROFEN CREAM 180GM: Upheld

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

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

Decision rationale: The requested Flurbiprofen cream 180 mg is not medically necessary or appropriate. The requested medication is a compounded medication that contains Flurbiprofen, lidocaine, menthol, and camphor. California Medical Treatment Utilization Schedule recommends the topical use of non-steroidal anti-inflammatory drugs for short durations of treatment not to exceed 4 weeks for injured workers who are intolerant of oral formulations of non-steroidal anti-inflammatory drugs or when oral formulations are contraindicated for the patient. The clinical documentation submitted for review does not indicate that the injured worker cannot tolerate oral formulations of non-steroidal anti-inflammatory drugs. Additionally, it is noted within the documentation that the injured worker has been on this medication since at least 08/2013. As this duration of treatment exceeds guideline recommendations, continued use would not be supported. Additionally, California Medical Treatment Utilization Schedule does not recommend the use of lidocaine in a cream or gel formulation as it is not FDA approved to treat neuropathic pain in this formulation. California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug or drug class that is not recommended is not recommended. The request as it is submitted does not contain a frequency or duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Flurbiprofen cream 180 grams is not medically necessary or appropriate.

GABAPENTIN 550MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS), Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain And Anti-Epilytics Page(s): 60, 16.

Decision rationale: The requested gabapentin 550 mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend anti-epileptics as first-line medications in the management of chronic pain. However, California Medical Treatment Utilization Schedule also recommends that the continued use of medications in the management of chronic pain be supported by documentation of functional benefit and evidence of signfiicnat pain relief. The clinical documentation submitted for review does not provide any evidence of functional benefit or pain relief as result of medication usage. As the injured worker has been on this medication since at least 08/2013 there should be evidence of functional benefit and pain relief. Also, the request as it is submitted does not contain a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested gabapentin 550 mg #90 is not medically necessary or appropriate.