

Case Number:	CM13-0045603		
Date Assigned:	12/27/2013	Date of Injury:	09/11/2009
Decision Date:	03/11/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 & Rehabilitation and is licensed to practice in Oklahoma and Texas. He/she has been in active clinical practice for more than five years and is currently working least at 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 43-year-old female who reported an injury on 09/11/2009. The mechanism of injury was noted to be cumulative trauma. The patient had diffuse tenderness about the forearm flexor and extensor muscles, extending into the dorsal and radial aspect of the wrist and the entire thumb and the patient had tenderness over the flexor tendon of the thumb. The patient had decreased sensation in the thumb. The diagnoses included are right trigger thumb flexor tenosynovitis status post trigger finger release, completely healed, and right upper extremity overuse syndrome and myofascial pain. The request was made for a trial of gabiflurbilido cream to be applied to the right upper extremity daily as a topical alternative to oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) trail of Gabiflurbilido 120gm cream with two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Flurbiprofen, Lidocaine, Gabapentin Page(s): 111, 72, 112, 113.

Decision rationale: The CA MTUS indicates topical analgesics are "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...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. This agent is not currently FDA-approved for a topical application. FDA-approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution...Gabapentin: Not recommended. There is no peer-reviewed literature to support use...Regarding the use of 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." The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to the California Guidelines. There was a lack of documentation indicating the necessity for 2 refills without re-assessment. Given the above, the request for the prospective request for 1 trial of gabiflurilido 120 gm cream with 2 refills is not medically necessary.