

Case Number:	CM13-0049236		
Date Assigned:	12/27/2013	Date of Injury:	08/06/1997
Decision Date:	02/24/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/07/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 68-year-old female with date of injury on 08/06/1997. The progress report dated 09/26/2012 by [REDACTED] indicates that the patient's diagnoses include: (1) Status post right patellofemoral resurfacing, 2009; prior right knee arthroscopy and chondroplasty in 2002; prior arthroscopies, synovectomy and chondroplasty, September 2002 and March 1998. (2) Status post anterior cervical discectomy and fusion, C4-C5, C5-C6 and C6-C7 in 2002. (3) Status post release of proximal pulley, 3rd and 4th fingers, right hand, April 2001. (4) Status post arthroscopy, right shoulder, 2007; status post prior arthroscopic decompression in 1998. (5) Sprain/strain of left knee secondary to overcompensation. (6) Lateral epicondylitis at left elbow, status post prior surgical repair. (7) Bilateral flexor tenosynovitis, status post medial neurolysis bilaterally, on the left side. (8) Fibromyalgia. (9) Status post anterior lumbar interbody fusion at L5-S1 in 2011, disk protrusion and degenerative facet arthrosis at L4-L5. The patient continues with bilateral knee pain as well as occasional severe neck pain with stiffness and limited range of motion. She also has persistent bilateral hand and wrist pain. Exam findings included limited range of motion in the lumbar spine and tenderness and spasm over the paralumbar muscles bilaterally. The utilization review letter dated 10/31/2013 references treatment records from [REDACTED], with the most recent record of 08/28/2013, which indicated the patient was prescribed a topical analgesic compound with flurbiprofen/gabapentin/lidocaine/ethoxy/PCCA.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD-Flurbipro / Gabapentin / Lidocaine / Ethoxy LI / PCCA, 25 day supply, QTY: 120, with 1 refill: Upheld

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

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

Decision rationale: The records indicate the patient has had multiple surgeries and continues with pain in the neck, low back, bilateral upper and lower extremities. MTUS page 111 to 113 regarding topical analgesics states that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. MTUS further states that gabapentin is not recommended in a topical form. There is no peer-reviewed literature to support use. The requested topical analgesic contains gabapentin, which is not supported by the guidelines noted above; therefore, recommendation is for denial.