

Case Number:	CM13-0070074		
Date Assigned:	01/17/2014	Date of Injury:	10/13/2001
Decision Date:	05/30/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 38 year old female who was injured on 10/15/2001 of unknown mechanism. The clinical note dated 12/19/2013, indicated a diagnosis of status-post L5-S1 fusion dated 03/31/2005. The injured worker reported constant pain in her lower back traveling to her toes and foot which she described as stabbing, cramping, aching, and burning. She also reported numbness and tingling in both lower extremities and rated her pain 5-6/10. The injured worker reported that her pain was reduced with rest, activity modification, and heat. On physical exam, Valsalva and Kemp's test/Facet were positive on the right. The reflexes for the hamstrings were diminished on the right and the reflexes for the ankles were diminished on the right. The straightleg raise seated was positive on the right and straight leg raise supine was positive on the right. The lumbar spine range of motion findings were flexion right and left 50 degrees, extension right and left 10 degrees and lateral bending 10 degrees. The injured worker's medication regimen was Norco. The request for authorization was submitted on 10/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBI (FLURIPROFEN 20% LIDOCAINE 5% AMITRIPTYLINE 5%) 2 TO 3 TIMES A DAY 180 GRAMS: 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 TOPICAL ANALGESICS Page(s): 111.

Decision rationale: The request for Flurbi (Fluriproben 20% Lidocaine 5% Amitriptyline 5%) 2 to 3 times a day 180 grams is non-certified. The injured worker was diagnosed with status-post L5-S1 fusion dated 03/31/2005. The California Chronic Pain Medical Treatment Guidelines state regarding topical analgesics: Recommended as an option as indicated below. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines further state recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or selective norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica). This is a compound drug that contains lidocaine which is not recommended also there is no documentation of first-line therapy such as Lyrica in the records. Therefore, per California Chronic Pain Medical Treatment Guidelines, the request for Flurbi (20%, Lidocaine 5% Amitriptyline %) is non-certified.

GABACYCLOTRAM (GABAPENTIN 10%, CYCLOBENZAPRINE 6%, TRAMADOL 10%) 2 TO 3 TIMES A DAY, 180 GRAMS: 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 TOPICAL ANALGESICS Page(s): 111.

Decision rationale: The request for Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) 2 to 3 times a day 180 grams is non-certified. The injured worker was diagnosed with status-post L5-S1 fusion dated 03/31/2005. The California Chronic Pain Medical Treatment Guidelines state regarding topical analgesics: Recommended as an option as indicated below. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is a compound drug that contains Gabapentin which is not recommended. Also there is no documentation of first-line therapy such as Lyrica in the records. Therefore, per California Chronic Pain Medical Treatment Guidelines, the request for Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) 2 to 3 times a day 180 grams is non-certified.