

Case Number:	CM14-0001869		
Date Assigned:	02/07/2014	Date of Injury:	07/02/2010
Decision Date:	06/02/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/03/2014

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 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 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 patient is a 31-year-old male with a date of injury of 07/02/2010. The listed diagnoses per [REDACTED] are pain in limb, pain in joint forearm and Neuralgia, neuritis, and radiculitis. According to report dated 12/11/2013 by [REDACTED], the patient presents with right arm pain. The patient rates the pain 8-9/10 on the VAS scale. Pain is constant and increases to a sharp pain that is throbbing in sensation and radiates throughout the right arm. Patient's medications include Butrans patch, Norco, Omeprazole, Diclofenac, Gabapentin, and Flurbiprofen compound cream which contains Gabapentin. Provider requests refill of medications. Utilization review denied the request on 07/02/2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN COMPOUND: Upheld

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

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

Decision rationale: This patient presents with right arm pain. The provider is requesting Flurbiprofen compound cream which contains Gabapentin. The California MTUS Guidelines page 111, for Flurbiprofen states, "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and short duration. Topical NSAIDs have been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. Indications for use are osteoarthritis and tendonitis (in particular that of the knee and elbow) or other joints that are amenable to topical cream." In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. Furthermore, Gabapentin is not recommended as a topical formulation. Recommendation is for denial.