

Case Number:	CM14-0008711		
Date Assigned:	02/12/2014	Date of Injury:	09/07/2012
Decision Date:	06/25/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine 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 46-year-old female who has submitted a claim for right shoulder and elbow sprain/strain associated with an industrial injury date of September 17, 2012. Medical records from 2013 were reviewed. The patient complained of chronic right shoulder and elbow pain, right shoulder and elbow weakness, and burning right wrist pain with numbness. Physical examination showed +3 tenderness to the right acromioclavicular joint, anterior shoulder, supraspinatus, elbow, and wrist; positive Neer's, Cozen's, and Phalen's on the right. Treatment to date has included NSAIDs, opioids, muscle relaxants, topical analgesics, home exercise programs, activity modification, and acupuncture, physical therapy, and shoulder injections. Utilization review from January 3, 2014 denied the requests for Gabapentin cream 240GM, #1 bottle and Flurbiprofen cream 240GM, #1 bottle because the components of these medications are not recommended for topical use.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN CREAM 240 GM, #1 BOTTLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 111-113.

Decision rationale: Pages 111-113 of the Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is an anticonvulsant that may be used in cases of neuropathic pain. Guidelines state that Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In this case, progress notes reported upset stomach with Vicodin, persistence of symptoms, and Tramadol was inadequate in controlling pain. This resulted to adding a medication in the form of topical formulation. However, there were no reports of patient's response using Gabapentin cream, even when usage has started as far back as April 2013. In addition, the guidelines do not recommend Gabapentin as a topical product. Therefore, the request for Gabapentin cream 240GM, #1 bottle is not medically.

FLURBIPROFEN CREAM 240 GM, #1 BOTTLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2., Page(s): 111-113.

Decision rationale: Pages 111-113 of the Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Compounded Flurbiprofen and NSAIDs in general do not show consistent efficacy and are not FDA approved. In this case, progress notes reported upset stomach with Vicodin, persistence of symptoms, and Tramadol was inadequate in controlling pain. This resulted to adding a medication in the form of topical formulation. However, there were no reports of patient's response using Flurbiprofen cream, even when usage has started as far back as April 2013. In addition, the guidelines do not recommend Flurbiprofen as a topical product. Therefore, the request for Flurbiprofen cream 240GM, #1 bottle is not medically necessary.