MAXIMUS Federal Services

Case Number:	CM14-0012418		
Date Assigned:	02/21/2014	Date of Injury:	03/01/1981
Decision Date:	06/26/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, 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 54-year-old male injured on March 1, 1981 due to undisclosed mechanism of injury. Current diagnoses included cervical disc disease, cervical facet arthropathy, lumbar disc disease, lumbar facet arthropathy, and lumbar radiculopathy. Treatments to date included medication management, lumbar epidural steroid injections, and chiropractic care. Clinical documentation dated December 3, 2013 indicated the injured worker presented complaining of neck pain, upper extremities pain, and mid and low back pain. Physical examination revealed full cervical range of motion with pain on extension, decreased lumbar range of motion with pain in all planes, pain on palpation of spinal processes at L5-S1, pain on palpation at facets L4-5 bilaterally, positive facet loading on the right, and positive Patrick and Faber bilaterally. The injured worker complained of axial low back pain, left greater than right, rated at 8/10 exacerbated by prolonged standing or walking. The initial request for flurbiprofen compound cream and gabapentin compound cream was initially non-certified on January 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN COMPOUND CREAM: 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 NSAIDS,

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Flurbiprofen has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. The request for flubiprofen compound cream is not medically necessary or appropriate.

GABAPENTIN COMPOUND CREAM: 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 ANALESICS,

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, the Chronic Pain Medical Treatment Guidelines,, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Gabapentin has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. The request for gabapentin compound cream is not medically necessary or appropriate.