

<b>Case Number:</b>	CM14-0115179		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 51-year-old male who reported an unknown injury on 10/11/2011. On 07/18/2014, his diagnoses included multilevel disc bulges of the lumbar spine, the largest of which is 4 mm at L4-5, status post left inguinal surgery, chronic inguinal pain, right inguinal hernia, cirrhosis of the liver with ascites, anxiety, insomnia, and depression. The claimant complained of persistent bilateral groin pain and low back pain which radiated to his right lower extremity. His medications were not listed in this report. There was no rationale or Request for Authorization in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Gabapentin 240 mg, on 5/23/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22, 49.

**Decision rationale:** The California MTUS Guidelines recommend antiepilepsy medications for neuropathic pain. Most randomized controlled trials for the use of this class of medications for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy with

diabetic neuropathy being the most common example. During treatment there should be documentation of pain relief and improvement in function as well as documentation of any side effects. There is no documentation in this injured worker's chart regarding quantifiable pain relief or improvement of function with the use of gabapentin. This worker does not have a diagnosis of post-herpetic neuralgia or painful polyneuropathy. Additionally, the request did not include a frequency of administration. Therefore, this retrospective request for gabapentin 240 mg on 05/23/2014 is not medically necessary.

**Retrospective Flurbiprofen 20%, Tramadol 15%, 240 mg on 5/23/14: 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 request for retrospective flurbiprofen 20% tramadol 15% 240 mg on 05/23/2014 is non-certified. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomly controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control including NSAIDs and opioids. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Topical NSAIDs are recommended for short term use usually 4 to 12 weeks. The only FDA approved NSAID for topical application is Voltaren gel 1% (diclofenac), which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen is not recommended for topical use. Additionally, the request did not specify the body part the cream was to be applied to, nor the frequency of application. Therefore, this request for retrospective flurbiprofen 20%, tramadol 15%, 220 mg on 05/23/2014 is non-certified.