

Case Number:	CM14-0116628		
Date Assigned:	08/04/2014	Date of Injury:	03/26/2014
Decision Date:	09/10/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/22/2014

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 Family Practice 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:

A 51 yr. old female claimant sustained w work injury on 3/26/14 involving the low back She was diagnosed with L4-L5 herniated nucleus pulposus with lower extremity radiculopathy. A progress note on 7/2/14 indicated the claimant had 8/10 back pain. Examination was notable for paravertebral muscle tension and a positive straight leg raise on the right side. Her pain had been managed with NSAIDs and Opioids. The treating physician requested the use of topical Flurbi/Keto/keta/Gaba/Cyclo/Caps/20%/20%/10%/10%/0.0375% for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbi/Keto/keta/Gaba/Cyclo/Caps/20%/20%/10%/10%/0.0375% 120 g:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines topical analgesics are recommended as an option as indicated below. 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 not recommended. There is no peer-reviewed literature to support use. Since the above compound contains Gabapentin, the compound is not medically necessary.