MAXIMUS Federal Services

Case Number:	CM14-0119254		
Date Assigned:	08/04/2014	Date of Injury:	04/11/2013
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/24/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 female who reported an injury on 04/11/2013. The mechanism of injury is unknown. Diagnoses included lumbar sprain/strain with multilevel small disc protrusions without any central or neural encroachment and no substantial instability. Past treatments included medication, chiropractic care, TENS unit, and a back brace. On 06/26/2014, the injured worker was seen for pain to the lumbar spine. The injured worker had received an MRI of the spine on 06/24/2014. On exam of the lumbar spine, there were slight spasms, tenderness, and stiffness with some slight restriction of motion. The straight leg raise gave her back and buttock pain. Medications included Flexeril, Voltaren, Prilosec, and therapeutic compound creams. The treatment plan is to continue with medications and request for chiropractic adjustments and acupuncture. The request is for Amitr 10%/Dextr 10%/Gaba 10% 210 gm quantity 1 and Flurb 20%/Trama 20%/ 210 gm quantity 1. The rationale was not provided. The Request for Authorization was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitr 10%/ Dextr 10%/ Gaba 10% 210gm QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics-Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics page 111, Gabapentin page 113 Page(s): 111, 113.

Decision rationale: The injured worker has a history of pain to the lumbar spine. The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAID's have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. 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. The compound is not recommended by the guidelines. As such, the request is not medically necessary.

Flurb 20%/ Trama 20%/ 210gm QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The injured worker has a history of back pain. The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAID's have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Tramadol topical use is not supported by the guidelines. As such, the request is not medically necessary.