

Case Number:	CM14-0132089		
Date Assigned:	08/22/2014	Date of Injury:	06/03/2004
Decision Date:	09/18/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/18/2014

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 American Board of 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:

46 year old male claimant sustained a work injury on 3/25/68 involving the low back. He was diagnosed with lumbar discogenic disc disease and underwent spinal fusion and laminectomy. His pain had been managed with oral opioids and muscle relaxants. He had undergone a home exercise program and the use of a TENS (Transcutaneous Electrical Neural Stimulation) unit. A progress note on 5/1/14 indicated the claimant had continued low back pain. Exam findings were notable for a positive straight leg raise bilaterally and decreased sensation in the L4-S1 dermatomes. In addition, there was lumbar paraspinal tenderness. The claimant had noted some benefit while on creams. The claimant had also been using topical Fluribi(nap) cream and Gabaclyclotran for topical pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi(nap) cream 180gm QTY: 1.00 (Retro DOS: 5/6/14): Upheld

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

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 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. Flurb (nap) is a topical NSAID. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs 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. They are indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Based on the lack of evidence for its use in the spine, the request for Flurb (nap) is not medically necessary.

Gabaclotram 180gm QTY: 1.00 (Retro DOS: 5/6/14): Upheld

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

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

Decision rationale: According to the MTUS guidelines, 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the Gabaclotram contains Gabapentin, which is not recommended due to lack of peer-reviewed literature to support its use. Therefore, the Gabaclotram is not medically necessary.