

Case Number:	CM14-0158489		
Date Assigned:	10/02/2014	Date of Injury:	01/20/2010
Decision Date:	10/28/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/26/2014

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 & 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:

This 53 year-old coach operator an injury on 1/20/10 from being rear-ended while stopping the bus by the curb to let a passenger off during employment with [REDACTED]. Request(s) under consideration include Topical Flurb (NAP) Cream Compound 180 GM and Gabacyclotram Compound 180 GM. Diagnoses include neck sprain; elbow/forearm sprain; lumbar region sprain. Conservative care has included medications, therapy, and modified activities/rest. Report of 6/25/14 noted patient with persistent neck pain rated at 8-9/10 with headaches. Exam noted cervical spine with well-healed incision; tenderness over trapezius, muscle spasm of paravertebral musculature C4-7; positive compression and negative distraction testing. Plan for X-rays and TTD status. Report of 7/23/14 from the provider noted ongoing chronic moderate neck pain and severe low back pain with associated numbness and tingling in bilateral toes. Exam showed tenderness of cervical and lumbar spine; diffuse decreased range; and positive Kemp's, SLR, and Jackson's shoulder depression testing. Diagnoses were myofascial cervical and lumbar sprain; rule out HNP. X-rays of cervical spine dated 8/15/14 showed anterior fusion of C5 ad C6 with disc displacement and uncovertebral hypertrophic changes without fracture or dislocation. X-rays of lumbar spine dated 8/15/14 showed degenerative changes at L2-3, L5-S1 with anterior osteophyte and facet hypertrophy with very minimal narrowing of disc spaces. The request(s) for Topical Flurb (NAP) Cream Compound 180 GM and Gabacyclotram Compound 180 GM were non-certified on 9/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurb (NAP) Cream Compound 180 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This 53 year-old coach operator an injury on 1/20/10 from being rear-ended while stopping the bus by the curb to let a passenger off during employment with [REDACTED]. Request(s) under consideration include Topical Flurb (NAP) Cream Compound 180 GM and Gabacyclotram Compound 180 GM. Diagnoses include neck sprain; elbow/forearm sprain; lumbar region sprain. Conservative care has included medications, therapy, and modified activities/rest. Report of 6/25/14 noted patient with persistent neck pain rated at 8-9/10 with headaches. Exam noted cervical spine with well-healed incision; tenderness over trapezius, muscle spasm of paravertebral musculature C4-7; positive compression and negative distraction testing. Plan for X-rays and TTD status. Report of 7/23/14 from the provider noted ongoing chronic moderate neck pain and severe low back pain with associated numbness and tingling in bilateral toes. Exam showed tenderness of cervical and lumbar spine; diffuse decreased range; and positive Kemp's, SLR, and Jackson's shoulder depression testing. Diagnoses were myofascial cervical and lumbar sprain; rule out HNP. X-rays of cervical spine dated 8/15/14 showed anterior fusion of C5 ad C6 with disc displacement and uncovertebral hypertrophic changes without fracture or dislocation. X-rays of lumbar spine dated 8/15/14 showed degenerative changes at L2-3, L5-S1 with anterior osteophyte and facet hypertrophy with very minimal narrowing of disc spaces. The request(s) for Topical Flurb (NAP) Cream Compound 180 GM and Gabacyclotram Compound 180 GM were non-certified on 9/4/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2010 without documented functional improvement from treatment already rendered. The Flurb (NAP) Cream Compound 180 GM is not medically necessary and appropriate.

Gabacyclotram Compound 180 GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesic Creams

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Anti-Epilepsy Drugs/Gabapentin, Page(s): 111-113, 18-19.

Decision rationale: This 53 year-old coach operator an injury on 1/20/10 from being rear-ended while stopping the bus by the curb to let a passenger off during employment with [REDACTED]. Request(s) under consideration include Topical Flurb (NAP) Cream Compound 180 GM and Gabacyclotram Compound 180 GM. Diagnoses include neck sprain; elbow/forearm sprain; lumbar region sprain. Conservative care has included medications, therapy, and modified activities/rest. Report of 6/25/14 noted patient with persistent neck pain rated at 8-9/10 with headaches. Exam noted cervical spine with well-healed incision; tenderness over trapezius, muscle spasm of paravertebral musculature C4-7; positive compression and negative distraction testing. Plan for X-rays and TTD status. Report of 7/23/14 from the provider noted ongoing chronic moderate neck pain and severe low back pain with associated numbness and tingling in bilateral toes. Exam showed tenderness of cervical and lumbar spine; diffuse decreased range; and positive Kemp's, SLR, and Jackson's shoulder depression testing. Diagnoses were myofascial cervical and lumbar sprain; rule out HNP. X-rays of cervical spine dated 8/15/14 showed anterior fusion of C5 ad C6 with disc displacement and uncovertebral hypertrophic changes without fracture or dislocation. X-rays of lumbar spine dated 8/15/14 showed degenerative changes at L2-3, L5-S1 with anterior osteophyte and facet hypertrophy with very minimal narrowing of disc spaces. The request(s) for Topical Flurb (NAP) Cream Compound 180 GM and Gabacyclotram Compound 180 GM were non-certified on 9/4/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There are no evidenced-based studies to indicate efficacy of anti-epileptic medication Gabapentin or topical opioid of Tramadol over oral delivery. Submitted reports have not demonstrated any functional improvement, specific pain relief on VAS rating, and change in work status or increase in activities of daily living functions from treatment already rendered to treat this chronic injury of 2010. Submitted reports have not adequately documented the indication or medical need for this topical compounded analgesic outside guidelines recommendations. The Gabacyclotram Compound 180 GM is not medically necessary and appropriate.