

Case Number:	CM14-0021349		
Date Assigned:	05/07/2014	Date of Injury:	08/22/2013
Decision Date:	07/18/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/20/2014

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 Internal Medicine 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 patient is a 34-year-old male who has submitted a claim for lumbar muscle spasm, lumbar sprain/strain, and psychiatric component; associated with an industrial injury date of 08/22/2013. Medical records from 12/10/2013 to 01/27/2014 were reviewed and showed that patient complained of mid and low back pain radiating to the legs. Pain is aggravated by movement, and relieved by rest and medications. Physical examination showed tenderness and spasms throughout the lumbar paraspinal muscles. There was decreased range of motion at all planes by 20%. Deep tendon reflexes (DTRs), motor testing, and sensory testing were normal. Treatment to date has included medications and physical therapy. Utilization review, dated 01/29/2014, denied the requests for gabapentin and flurbiprofen medicated creams because their use is not recommended, there was no indication that patient has failed to improve with or is intolerant to oral medications, and there was no rationale for the use of multiple NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATED CREAM: GABAPENTIN 240GM: 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): 111-112.

Decision rationale: As stated on pages 112 to 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines do not recommend the use of gabapentin, as there is no peer-reviewed literature to support its use. In this case, the patient has been prescribed gabapentin (as part of compounded medication) since at least December 2013. However, there is no evidence of failed trials using first-line antidepressants or anticonvulsants. Moreover, guidelines do not support the use of topical gabapentin. In addition, there is no evidence of failure of or intolerance to oral gabapentin to warrant its topical use. Therefore, the request for medicated cream: Gabapentin 240gm is not medically necessary.

MEDICATED CREAM: FLURBIPROFEN 240GM: 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): 111-112.

Decision rationale: As stated on pages 112 to 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Topical NSAIDs are not recommended for neuropathic pain, as there is no evidence to support use. In this case, the patient has been prescribed flurbiprofen (as part of compounded medication) since at least December 2013. However, there is no evidence of failed trials using first-line antidepressants or anticonvulsants. Moreover, guidelines do not support the use of topical NSAIDs. In addition, there is no evidence of failure of or intolerance to oral NSAIDs to warrant its topical use. Therefore, the request for medicated cream: Flurbiprofen 240gm is not medically necessary.