

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0030823 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 12/05/2013 |
| Decision Date: | 07/17/2014 | UR Denial Date: | 02/12/2014 |
| Priority: | Standard | Application Received: | 03/12/2014 |

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 and Rehabilitation and is licensed to practice in Texas. 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 58-year old male who reported an injury on 12/05/2013 of industrial injury. On 01/22/2014 the injured worker stated his lumbar lumbar spine and his left wrist was in pain while lifting a pallet. The injured worker had a pain level of 8/10 of the lumbar spine and 7/10 for the left wrist. The physical examination of the lumbar spine revealed normal gait, aligned spastic, Kemps and Phalen's test was positive. The left wrist revealed positive brace and pain was worst with range of motion. The injured worker medication included Omeprazole 20mg, Cyclobenzaprine 7.5mg, Ibuprofen 800mg and analgesic creams. The injured worker was diagnosed with lumbar spine sprain/strain and left wrist sprain/strain. The treatment plan included a decision for Gabapentin 30mg/flurbiprofen 30gm. The authorization for request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 30gm/flubiprofen 30 gm: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines states topical analgesics are 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. The request contains Gabapentin, which the MTUS Chronic Pain Guidelines does not approve for a topical application. As such, the request is not medically necessary and appropriate.