

<b>Case Number:</b>	CM14-0032343		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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:

The injured worker is a 52 year old male who reported an injury on May 7, 2012 from an unknown mechanism of injury. The injured worker had a history of right shoulder pain, upper and lower back pain. Upon examination on May 6, 2014, the injured worker had right shoulder pain that radiated to the right wrist which was rated 6/10. The pain presented as tingling, burning, and numbness. The upper and lower back pain that radiated to neck and right arm was rated 5/10. The pain presented as tingling, burning, and numbness. The pain was exacerbated by walking and alleviated with medication. The injured worker had diagnoses of an abnormal CMAP study on February 27, 2014, bilateral thoracic outlet syndrome, left third digit dip osteoarthritis, and hyperthyroidism. The injured worker's diagnostic studies, surgeries and procedure included status post herniorrhaphy, cervical spine HNP with nerve root compression and left cervical radiculopathy at C5 and C7, lumbar spine multilevel HNP with bilateral L5-S1 radiculopathy and DDD. The injured worker was previously treated with chiropractic manipulation. The injured worker was provided with prescriptions for Enalapril/HCTZ 5/12.5 mg, and Trazodone 100 mg. Urine toxicology was performed with results pending. The treatment plan was for Gabapentine 100%, #120 and Fluboprofen #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100%, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical agents Page(s): 113.

**Decision rationale:** The California MTUS Guideline states that Gabapentin is not recommended as there is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. As the guidelines do not recommend gabapentin for topical application, the requested medication is not indicated. As such, the request is not medically necessary.

**Flurbiprofen, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70-71.

**Decision rationale:** The California MTUS Guideline states that it is generally recommended that the lowest effective dose be used for all NSAIDs, Flurbiprofen (Ansaid, generic available) for the shortest duration of time consistent with the individual patient treatment goals. There is lack of documentation as to the effectiveness of medication for pain that included the frequency the medication was taken, how long it takes to start feeling pain relief, and how long the pain relief last. Additionally, the request does not indicate the frequency and dosage at which the medication is prescribed in order to determine the necessity of the medication. The request is not medically necessary.