

Case Number:	CM14-0044389		
Date Assigned:	07/07/2014	Date of Injury:	02/04/1963
Decision Date:	08/21/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/11/2014

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 Nevada. 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 records presented for review indicate that this 80 year old male was reportedly injured on 2/4/1963. The mechanism of injury is undisclosed. The most recent progress notes dated 2/17/2014 and 4/23/2014 which were handwritten indicate that there are ongoing complaints of low back pain. Physical examination demonstrated is illegible. No diagnostic imaging studies available for review. Diagnoses are noted as lumbosacral disc disease and degeneration. A request was made for retrospective Gabapentin 550 milligrams /Acetyl-L-Carnitine 75 milligrams; and Flurbiprofen 25 percent Lidocaine 5 percent 180 gram and was not certified in the utilization review on 3/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Gabapentin 550mg/Acetyl-L-Carnitine 75mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) page 113 of 127 Page(s): 113 OF 127.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines states topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class), is not recommended. Additionally, the guidelines state there is no evidence to support the use of topical Gabapentin and advice against the addition of Gabapentin to other agents. Therefore, this request is not considered medically necessary.

Retrospective Flurbiprofen 25% Lidocaine 5% #180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009); Page 111-113 of 127 Page(s): 111-113 OF 127.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental and any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note there is little evidence to support the use of topical nonsteroidal anti-inflammatory drugs (Flurbiprofen) for treatment of osteoarthritis of the spine and there is no evidence to support the use for neuropathic pain. As such, this request is not considered medically necessary.