

Case Number:	CM14-0053688		
Date Assigned:	07/11/2014	Date of Injury:	01/10/2014
Decision Date:	08/29/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/23/2014

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 50 year old individual was reportedly injured on 1/10/2014. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 3/4/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated: lumbar spine limited range of motion; deep tendon reflexes were 1+ bilaterally; positive straight leg raise on the left side; positive Kemp's test; positive spasm along the lumbar spine paraspinal musculature; positive tenderness to palpation from T12 to S1 bilaterally; positive tenderness to palpation of the sciatica notch. No recent diagnostic studies are available for review. Previous treatment included medication and conservative treatment. A request was made for gabapentin 30 gram/ flurbiprofen 30 gram and gabapentin 240 gram/ flurbiprofen 240 gram, and was not certified in the preauthorization process on 3/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 30gm/Flurbiprofen 30gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental and that any compound product, that contains at least one drug (or drug class) that is not recommended, is not recommended. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.

Gabapentin 240gm/Flurbiprofen 240gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental and that any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.