

Case Number:	CM14-0054486		
Date Assigned:	07/09/2014	Date of Injury:	04/01/2013
Decision Date:	08/28/2014	UR Denial Date:	04/15/2014
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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 56-year-old female who sustained a work related injury when she slipped and fell off a ladder on 04/01/2013. Since her injury, she has experienced continuous lower back pain that is 6/10 described as dull with associated left side sciatica radiating down the left leg. She also complains of left knee pain that is 3/10 on the 1 to 10 pain scale. Physical examination reveals decreased lumbar and left range of motion, tenderness upon palpation of the paraspinal musculature with spasms and a positive straight leg raise. Knee exam reveals decrease flexion at 35 degrees, tenderness to palpation along the left knee joint line, but absent any swelling. Neurologically, lumbo-sacral heel / toe walking is intact. Her treatment regimen thus far has included Ibuprofen 600mg, Fexmid 7.5mg, Tylenol #3's and both Flurbiprofen and Gabapentin creams for pain, as well as Protonix 20mg. In dispute is a decision for Gabapentin 250 grams and Flurbiprofen 250 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 250 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 111-112.

Decision rationale: Topical analgesics (compounded): are primarily 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. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. The addition of Gabapentin is not recommended as there is no peer reviewed literature support for its use. Because the patient does not have documented having failed antidepressant treatment trial for their pain and MTUS guideline not recommending use of Gabapentin in topical creams because of lack of peer reviewed literature, I find the request for the topical analgesic cream not medically necessary.

Flurbiprofen 250 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal antiinflammatory agents (NSAID) Page(s): 72, 111, 112. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 111-112.

Decision rationale: Topical analgesics (compounded): are primarily 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. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. Because the patient does not have documented failed antidepressant or anticonvulsant treatment trial for her neuropathic pain in accordance with the CA MTUS guidelines, I find the request for the topical analgesic cream not medically necessary.