

Case Number:	CM14-0059360		
Date Assigned:	07/09/2014	Date of Injury:	10/28/2011
Decision Date:	09/22/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/30/2014

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, has a subspecialty in Pain Management, 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:

This is a female patient with the date of injury of October 28, 2011. A Utilization Review was performed on April 3, 2014 and recommended non-certification of 30gm Gabapentin/30gm Flurbiprofen and 240gm Gabapentin/240gm Flurbiprofen. A Secondary Treating Physician's first report of injury dated March 12, 2014 identifies current complaints of pain in right shoulder and right hand. Objective findings identify right shoulder decreased range of motion and positive apleys. Diagnoses identify right shoulder sprain/strain and right shoulder internal derangement. Medicated creams ordered identify 30gm Gabapentin/30gm Flurbiprofen and 240gm Gabapentin/240gm Flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

30gm Gabapentin/ 30gm Fluriprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: This is a female patient with the date of injury of October 28, 2011. A Utilization Review was performed on April 3, 2014 and recommended non-certification of 30gm

Gabapentin/30gm Flurbiprofen and 240gm Gabapentin/240gm Flurbiprofen. A Secondary Treating Physician's first report of injury dated March 12, 2014 identifies current complaints of pain in right shoulder and right hand. Objective findings identify right shoulder decreased range of motion and positive apleys. Diagnoses identify right shoulder sprain/strain and right shoulder internal derangement. Medicated creams ordered identify 30gm Gabapentin/30gm Flurbiprofen and 240gm Gabapentin/240gm Flurbiprofen.

240gm Gabapentin/240gm Flurbiprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: Regarding the request for 240gm Gabapentin/240gm Flurbiprofen, the requested topical compound is a combination of Gabapentin and Flurbiprofen. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Chronic Pain Medical Treatment Guidelines additionally state that topical Gabapentin is not recommended. They go on to state that there is no peer-reviewed literature to support its use. Therefore, in the absence of guideline support for the use of topical Gabapentin, the currently requested 240gm Gabapentin/240gm Flurbiprofen is not medically necessary.