

Case Number:	CM14-0080980		
Date Assigned:	07/18/2014	Date of Injury:	11/20/2011
Decision Date:	10/03/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/02/2014

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 47-year-old gentleman was reportedly injured on November 20, 2011. The mechanism of injury is listed as a slip and fall. The most recent progress note, dated April 7, 2014, indicates that there are ongoing complaints of headaches, cervical spine pain, thoracic spine pain, lumbar spine pain, depression, anxiety, and irritability. The physical examination demonstrated full range of motion of the cervical and thoracic spine and pain with range of motion. There was tenderness over the cervical spine paravertebral muscles with spasms. There was decreased lumbar spine range of motion also with tenderness and spasms. There was a positive Kemp's test bilaterally. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes aquatic therapy, the use of a tens unit, epidural steroid injections, oral and topical medications. A request had been made for topical Gabapentin and Flurbiprofen and was not certified in the pre-authorization process on May 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 20% apply 3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents including gabapentin Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for topical Gabapentin 20% is not medically necessary.

Flurbiprofen 20% 3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The California MTUS Guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The record provides no documentation that the claimant has or is taking an oral anti-inflammatory. When noting the claimant's diagnosis of cervical, thoracic, and lumbar spine pain and no documentation of intolerance or contraindication to first-line therapies, there is no clinical indication for the use of this medication for the diagnoses noted. Therefore, this request for topical Flurbiprofen 20% is not medically necessary.