

Case Number:	CM14-0186418		
Date Assigned:	11/14/2014	Date of Injury:	01/25/2012
Decision Date:	01/05/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/10/2014

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 Medicine, 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 who suffered an industrial related injury on 1/25/12. The treating physician's report dated 6/11/14 noted the injured worker had complaints of neck, low back, and bilateral shoulder pain. Tenderness, muscle spasm, and decreased range of motion were noted in the cervical spine, lumbar spine, and bilateral shoulders. The injured worker's diagnoses included myofascial sprain of the lumbar spine, anxiety, sleep apnea, cervical spine sprain and discopathy, and right shoulder subacromial impingement. The treatment plan included requesting authorization for physical therapy for the cervical spine and bilateral shoulders. The treating physician's report dated 7/23/14 noted continued neck, low back, and bilateral shoulder pain. The physician noted there had been no improvement in the condition and activities of daily living were affected. The treatment plan included continuing physical therapy. The physician noted the injured worker was having severe pain in the cervical spine and was taking 1.5 to 2 unknown pills per day. The reports dated 6/11/14 and 7/23/14 were the only physician's reports provided. On 10/17/14 the utilization review (UR) physician denied the request for Gabapentin 100% 210 grams and Flurbiprofen 210 grams. The UR physician noted the Medical Treatment Utilization Schedule guidelines recommended against topical administration of Gabapentin for treatment of chronic pain. Regarding Flurbiprofen, the UR physician noted there was no documentation of contraindications to oral administration of NSAIDS and compounded Flurbiprofen cream is combined with Tramadol which is not recommended for topical use by any nationally recognized published guidelines in the treatment of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100 Percent 210 Gram: Upheld

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

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

Decision rationale: Regarding topical gabapentin 100% 210 grams, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Therefore, in the absence of guideline support for the use of topical gabapentin, the currently requested gabapentin 100% 210 grams is not medically necessary.

Flurbiprofen 210 Gram: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-112.

Decision rationale: Regarding the request for topical flurbiprofen 210 grams, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical flurbiprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical flurbiprofen is for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested topical flurbiprofen 210 grams is not medically necessary.