

Case Number:	CM14-0186806		
Date Assigned:	11/14/2014	Date of Injury:	08/30/2002
Decision Date:	01/05/2015	UR Denial Date:	10/22/2014
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 Emergency 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:

The request for Gabapentin 800mg, #90 is not medically necessary. The California MTUS Guidelines note that antiepilepsy drugs are recommended for neuropathic pain, primarily postherpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. There are few randomized controlled trials directed at central pain. A good response for the use of antiepileptic medications has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. Gabapentin specifically has been considered as a first line treatment for neuropathic pain. Gabapentin has also been recommended for complex regional pain syndrome. The submitted documents did not contain a quantified evaluation of Gabapentin in this injured worker relating to pain reduction or increase in functional abilities. Additionally, there was no frequency of administration included with the request. Therefore, this request for Gabapentin 800mg, #90 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurex (Flurbiprofen 15 % w/Cyclobenzaprine 10 %) 240 grams BID as needed #1:
Upheld

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

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

Decision rationale: The request for Flurex (flurbiprofen 15% with cyclobenzaprine 10%) 240 gm BID as needed quantity 1 is not medically necessary. California MTUS Guidelines state that topical analgesics are highly experimental and are recommended only when trials of antidepressants and anticonvulsants have failed. Also, topical compounds that contain at least 1 drug that is not recommended, are also not recommended. The most recent physical exam note does not include current medications, and there is no other documented evidence of trials of antidepressants and anticonvulsants. In addition, the guidelines also state that the use of topical NSAIDS have not been evaluated for the spine, hip or shoulder, disqualifying the use for flurbiprofen. In addition, the guidelines state that muscle relaxants are not recommended due to the lack of evidence for topical use. Therefore, the requested compound contains cyclobenzaprine and flurbiprofen which are not recommended, compound is also not recommended. Therefore, the request is not medically necessary.

Gabapentin 10 % with Tramadol 20 % 240 grams BID as needed #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical NSAIDS Page(s): 111-112 & 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for gabapentin 10% with tramadol 20% 240 gm BID as needed quantity 1 is not medically necessary. California MTUS Guidelines do not recommend gabapentin for topical use as there is no peer reviewed literature to support use. Clinical notes indicate that the injured worker was previously prescribed medications and acupuncture therapy which did not help with pain relief. However, guidelines also state that topical compounds that contain at least 1 drug that is not recommended, are also not recommended. As the compound contains gabapentin, which is not recommended, the requested compound is not recommended. Therefore, the request is not medically necessary.