

Case Number:	CM14-0187984		
Date Assigned:	11/18/2014	Date of Injury:	04/01/2009
Decision Date:	01/06/2015	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Practice 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 case involves a 46 year old female injured worker who sustained a work injury on 12/31/06 and 4/1/09 involving the neck, right upper extremity, and low back. She was diagnosed with cervical radiculopathy, lumbar radiculopathy, right shoulder derangement and right hand arthritis. A progress note on 8/14/14 indicated the injured worker had 7/10 pain in the involved areas. Exam findings were notable for reduced range of motion of the cervical spine, lumbar spine and wrists. She had been on Percocet for pain. An epidural injection as requested along with the use of topical FlurbiCream and Gabacyclotram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound: Flurbi (NAP) Cream 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Flurbicream contains a topical non-steroidal anti-inflammatory drugs (NSAIDs), lidocaine and anti-epileptic. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few

randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, there is no evidence for use of any other antiepilepsy drug as a topical product. Based on the above, this request is not medically necessary.

Gabacyclotram 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Gabacyclotram contains Gabapentin, Cyclobenzaprine and Tramadol. According to the guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, there is no evidence for use of Gabapentin or muscle relaxants. Based on the above, this request is not medically necessary.