

Case Number:	CM14-0190983		
Date Assigned:	11/24/2014	Date of Injury:	06/24/2008
Decision Date:	01/09/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/17/2014

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 Occupational 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:

Injured worker is a male with date of injury 6/24/2008. Per treating physician's pain management consultation report dated 8/5/2014, the injured worker complains of low back pain with right lower extremity pain and numbness. He rates his pain as 6-7/10. He has distal and lateral leg pain and edema at the region of the original fracture. His symptoms are described as aching, tingling, stabbing, shooting, annoying, numbing, constant and burning. On examination there is paravertebral tenderness of the lumbar spine. Lumbar range of motion is reduced by 20% with pain. Lower extremities have reflex sympathetic dystrophy at the right lower extremity. Sensation has improved after epidural injection. Sensation is intact and symmetrical throughout the bilateral lower extremities. Deep tendon reflexes and motor strength are normal in the lower extremities. Diagnoses include 1) reflex sympathetic dystrophy of right lower extremity 2) lumbar disc bulges 3) lumbar spine radiculopathy, lumbar neuralgia 4) lumbar facet joint pain 5) sacroiliac joint pain 6) healed right fibula fracture 7) depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug, generic (Flurbiprofen; Gabapentin; Cyclobenzaprine DOS: 8/5/14-8/8/14): Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical Flurbiprofen is not an FDA approved formulation. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. The request for Drug, generic (Flurbiprofen; Gabapentin; Cyclobenzaprine DOS: 8/5/14-8/8/14) is determined to not be medically necessary.