MAXIMUS Federal Services

Case Number:	CM14-0195456		
Date Assigned:	12/03/2014	Date of Injury:	01/29/2013
Decision Date:	02/10/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 54-year-old male who reported an injury on 01/29/2013. The mechanism of injury was not provided. His diagnoses were noted to include low back pain, lumbar spine HNP, lumbar spine radiculopathy, and hypertension. His past treatments were noted to include medication, extracorporeal shockwave therapy, TENS unit, epidural steroid injections, EMG, topical analgesics, physical therapy, and acupuncture. The MRI on 05/08/2014 was noted to include central focal disc protrusion at T12-L1 and L1-2. There was also broad based disc protrusion at L2-3, L3-4, L4-5, and L5-S1, with spinal canal narrowing. His surgical history was not provided. During the assessment on 09/23/2014, the injured worker complained of low back pain and muscle spasms. He rated the pain as 6/10. He described his pain as constant, moderate to severe, and associated the pain with numbness and tingling of the bilateral lower extremities. He stated that the pain is aggravated by prolonged positioning, including sitting, standing, walking, bending, arising from a sitting position, ascending or descending stairs, and stooping. The physical examination of the lumbar spine revealed palpable tenderness with spasms noted at the lumbar paraspinal muscles and lumbosacral junction. There was decreased motor strength in all represented muscle groups in the bilateral lower extremities and diminished sensation to pinprick and light touch at the L4-S1 dermatomes bilaterally. There was a positive straight leg raise to the right and left. His medications were noted to include Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, capsaicin, flurbiprofen, menthol, cyclobenzaprine, and gabapentin. Doses and frequencies were not provided. The treatment plan and rationale for the request was not provided. The Request for Authorization form was dated 10/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, 180gm: Upheld

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

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

Decision rationale: The request for gabapentin 10%, 180gm is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compound product that contains at least 1 drug that is not recommended is not recommended. The requested compound cream contains flurbiprofen and gabapentin. Topical gabapentin in muscle relaxants, such as cyclobenzaprine, are not recommended by the guidelines as there is no evidence to support the use. There is little evidence to utilize topical NSAIDs for osteoarthritis of the spine, hip, or shoulder. The use of topical NSAIDs is not recommended for neuropathic pain as there is no evidence to support use. There was no documentation indicating the injured worker had osteoarthritis or tendonitis to a joint amenable to topical treatment to justify the need for a topical NSAID. There was a lack of documentation regarding failure of antidepressants and anticonvulsants. The quantity, frequency, and application site for the proposed medication was also not provided. Moreover, as the compound contains 1 or more drugs that are not recommended by the guidelines at this time, the compound is also not supported. Given the above, the request is not medically necessary.

Flurbiprofen 25% 180gm: Upheld

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

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

Decision rationale: The request for Flurbiprofen 25% 180gm is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compound product that contains at least 1 drug that is not recommended is not recommended. The requested compound cream contains flurbiprofen and gabapentin. In regard to flurbiprofen, the guidelines state that topical NSAIDs may be useful for osteoarthritis and tendonitis, in particular, that of the knee and elbow, or other joints that amenable to topical treatment for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for osteoarthritis of the spine, hip, or shoulder. The use of topical NSAIDs is not recommended for neuropathic pain as there is no evidence to support use. There

was no documentation indicating the injured worker had osteoarthritis or tendonitis to a joint amenable to topical treatment to justify the need for a topical NSAID. There was a lack of documentation regarding failure of antidepressants and anticonvulsants. The quantity, frequency, and application site for the proposed medication was also not provided. Moreover, as the compound contains 1 or more drugs that are not recommended by the guidelines at this time, the compound is also not supported. Given the above, the request is not medically necessary.