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| Case Number: | CM14-0205435 | | |
| Date Assigned: | 12/17/2014 | Date of Injury: | 11/05/1992 |
| Decision Date: | 02/12/2015 | UR Denial Date: | 11/14/2014 |
| Priority: | Standard | Application Received: | 12/08/2014 |

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:

Patient is a 63 year-old male with date of injury 11/05/1992. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/02/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the lumbar paraspinals. Functional motor strength was normal to the bilateral lower extremities. Sensation was decrease to light touch along the S1 nerve root bilaterally. MRI of the lumbar spine from 07/30/2012 was notable for bulging disc at L4-5 and L5-S1 and signs of degenerative joint disease. Diagnosis: 1. Lumbar facet syndrome 2. Lumbar radiculopathy 3. Lumbar spondylosis 4. Low back pain 5. Knee pain 6. Disc disorder, lumbar. The medical records supplied for review document that the patient had not been prescribed the following medication before the request for authorization on 07/05/2014. Medication: 1. Flurbiprofen 210grams SIG: topically, BID 2. Gabapentin 100% 210grams SIG: topically, BID

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 210 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen 210 gm is not medically necessary.

Gabapentin 100% 210 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Gabapentin 100% 210 gm is not medically necessary.