

Case Number:	CM14-0058562		
Date Assigned:	07/09/2014	Date of Injury:	04/06/2011
Decision Date:	01/28/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/29/2014

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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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:

22y/o female injured worker with date of injury 4/6/11 with related neck, thoracic, and lumbar spine pain. Per progress report dated 3/24/14, physical exam noted +3 tenderness and spasm to palpation of the cervical paravertebral muscles. Cervical compression caused pain. Regarding the thoracic spine, the ranges of motion were decreased and painful; Kemp's test caused pain. Regarding the lumbar spine, gait was slow and guarded. There were trigger points of the thoracolumbar paraspinal areas bilaterally. There was +3 tenderness and spasm to palpation of the lumbar paravertebral muscles. Straight leg raise test was positive bilaterally. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 4/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 250 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Page 6.

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

Decision rationale: Per MTUS p113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." As topical gabapentin is not recommended, the request is not medically necessary.

Flurbiprofen 250 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Page 6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen Page(s): 112.

Decision rationale: Per MTUS with regard to Flurbiprofen (p112), "(Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The documentation submitted for review does not indicate that the injured worker is diagnosed with osteoarthritis or tendinitis, or has joint pain. The request is not medically necessary.