

Case Number:	CM15-0008475		
Date Assigned:	01/26/2015	Date of Injury:	02/24/2010
Decision Date:	04/07/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old female, who sustained an industrial injury on February 24, 2010. He has reported back pain. The diagnoses have included sacroiliac arthrosis and joint syndrome, lumbar/lumbosacral spondylosis and lumbar degenerative disc disease (DDD). Treatment to date has included right sacroiliac joint arthrodesis. Currently, the IW complains of low back pain. The provided record does not document oral medications. On December 19, 2014 utilization review non-certified a request for retrospective Flurbiprofen/Gabapentin/Cyclobenzaprine DOS: 09/30/14, noting topical medications are largely experimental. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Gabapentin/Cyclobenzaprine DOS: 09/30/14: Upheld

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

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

Decision rationale: The injured worker is being treated for chronic low back pain diagnosed as sacroiliac joint pain. He is status post fusion of the right sacroiliac joint. Post operatively, his pain is being managed with Norco 10/325. Retrospective request for topical analgesic including flurbiprofen, gabapentin and cyclobenzaprine is being evaluated for certification. According to MTUS guidelines muscle relaxants and anticonvulsants medications are not recommended for topical use. The request for topical gabapentin, (an anticonvulsant), cyclobenzaprine (a muscle relaxant) and Flurbiprofen is therefore not medically necessary given that the compound contains at least one drug that is not recommended.