

Case Number:	CM15-0216553		
Date Assigned:	11/06/2015	Date of Injury:	08/11/2013
Decision Date:	12/24/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/03/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 male with an industrial injury dated 08-11-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy and status post lumbar microdiscectomy in January of 2012. According to the progress note dated 07-16-2015, the injured worker reported constant low back pain radiating to the left lower extremity with numbness and tingling and constant left knee pain. Pain level was 10 out of 10 on a visual analog scale (VAS) increased from previous visits on 04-20-2015 and 05-18-2015. Objective findings (07-16-2015) revealed positive bilateral straight leg raises, antalgic gait, decreased sensation in the L5 to S1 nerve root distribution, and left foot drop. Treatment has included prescribed medications including prescribed topical creams since at least April of 2015, and periodic follow up visits. The treating physician reported that the injured worker's condition established the need for compounded topical medications mixed with Flurbiprofen cream 240gm for treatment of pain and inflammation and Gabapentin cream 240 gram for pain inflammation, muscle spasms and hypersensitivity. The utilization review dated 10-12-2015, non-certified the request for Gabapentin 240gm and Flurbiprofen 240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and the request is not medically necessary and has not been established.

Gabapentin 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and the request is not medically necessary and has not been established.