

Case Number:	CM15-0044744		
Date Assigned:	03/16/2015	Date of Injury:	05/13/2005
Decision Date:	04/22/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/09/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 71-year-old female who sustained an industrial injury on 05/13/2005. She has chronic low back pain with pain radiating into bilateral legs. Diagnoses include cervical spondylosis, lumbosacral spondylosis without myelopathy. Treatment documented to date has included medications, aquatic therapy, and physical therapy. A physician progress note dated 01/26/2015 documents the injured worker complains of low back pain with radiation to both lower extremities. She rates her pain as 9 out of 10 on the pain scale. Lumbar range of motion is restricted and there is tenderness in the lumbar paravertebral regions at L4-L5, and L5-S1 levels. Flurbiprofen/Gabapentin/Lidocaine (FGL) is being prescribed for its mostly topical, local effect, instead of an oral agent which will cause systemic effects of medications. The injured worker has unacceptable gastrointestinal side effects with oral agents, and significant sedative and cognitive effects from the prescribed systemic medications and topical agents are more appropriate in managing symptoms. Treatment requested is for FGL cream 10gm sample jars #2, FGL cream 120 gm with one refill, and Refill of FGL cream 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

FGL cream 10gm sample jars #2: 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 Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. Gabapentin in topical formulation is explicitly not approved in the CA MTUS as there is no peer-reviewed literature to support its use. As such, the request for Flurbiprofen/Gabapentin/Lidocaine (FGL) cream is not medically necessary and the original UR decision is upheld.

FGL cream 120 gm with one refill: 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 Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. Gabapentin in topical formulation is explicitly not approved in the CA MTUS as there is no peer-reviewed literature to support its use. As such, the request for Flurbiprofen/Gabapentin/Lidocaine (FGL) cream 120 gm one refill is not medically necessary and the original UR decision is upheld.

Refill of FGL cream 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. Gabapentin in topical formulation is explicitly not approved in the CA MTUS as there is no peer-reviewed literature to support its use. As such, the request for refill of Flurbiprofen/Gabapentin/Lidocaine (FGL) cream is not medically necessary and the original UR decision is upheld.