

Case Number:	CM13-0035445		
Date Assigned:	12/13/2013	Date of Injury:	06/29/2012
Decision Date:	02/20/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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:

The patient is a 41-year-old male who reported injury on 06/29/2012. The mechanism of injury was not provided. The patient was noted to have continued low back pain rated an 8/10. It was indicated the patient could not sleep at night secondary to pain. It was further indicated that medications had been somewhat effective for the low back pain. The patient's diagnoses were noted to include chronic low back pain and left lower extremity radicular pain. The patient was noted to have lumbar discogenic disease and morbid obesity. The request was made for flurbi (nap) cream-la and gabaclycloram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dispensed flurbi (nap) cream-la and gabaclycloram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Flurbiprofen, Cyclobenzaprine, Topical Analgesics, Gabapentin, Tramadol Pa. Decision based on Non-MTUS Citation FDA.GOV

Decision rationale: Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. The California Medical Treatment Utilization Schedule (MTUS) indicates topical analgesics are

"largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution." In regards to flurbi (nap) cream-la, clinical documentation submitted for review failed to provide the necessity for the requested medication, as there was no accompanying physical examination. In regards to gabacyclotram MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Gabapentin is not recommended. Additionally, there is a lack of documentation indicating the other ingredients in the compounded cream. There is no peer-reviewed literature to support use. However, as flurbiprofen is not approved, the request for flurbi (nap) cream-la would not be medically necessary. Clinical documentation submitted for review failed to provide documentation of a thorough physical examination. Additionally, it failed to indicate the necessity for the medication and failed to provide the exceptional factors to warrant nonadherence to California MTUS Guidelines and FDA Guidelines. Given the above, the request for dispensed flurbi (nap) cream-la and gabacyclotram is not medically necessary.