

Case Number:	CM14-0212892		
Date Assigned:	12/30/2014	Date of Injury:	09/26/2002
Decision Date:	03/03/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 67-year-old man who sustained a work-related injury on September 26 2002. Subsequently, the patient developed a chronic bilateral upper extremities pain. According to a progress report dated on November 12, 2014, the patient was complaining of ongoing bilateral elbow, wrist and hand pain. The patient physical examination demonstrated wrist tenderness bilaterally with reduced range of motion, reduced sensation to the forearms . The patient was diagnosed with chronic pain syndrome, carpal tunnel syndrome, cubital tunnel syndrome.. The provider requested authorization for Gralise and GFL cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS guidelines, Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient sustained a neuropathic pain that could be treated by Gabapentin combined to his current medications. However there is no prior documentation of efficacy of gabapentin. Gralise is frequently used when there is adverse reaction from the use of Gabapentin because of the slow release of the drug. Therefore, the prescription of Gralise 600mg #90 with 2 refills is not medically necessary.

GFL cream: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic pain syndrome. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above GFL cream (Flurbiprofen; Gabapentin and Lidocaine) is not medically necessary.