

Case Number:	CM15-0012816		
Date Assigned:	01/30/2015	Date of Injury:	04/15/2012
Decision Date:	03/25/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/22/2015

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: Texas, Florida

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 47 year old female who sustained an industrial injury on 4/15/12. The injured worker reported symptoms in the neck, back, left shoulder and extremity. The diagnoses included status post right shoulder rotator cuff repair with subsequent revision and bicipital tendinosis, cervical sprain with radicular symptoms. The radiology reports showed cervical spine spondylosis and lumbar spine spondylolisthesis. Treatments to date include status post rotator cuff repair, physical therapy and oral anti-inflammatory medications. In a progress note dated 9/25/14 the treating provider reports the injured worker was with pain in the right shoulder radiating to the neck and right hand, arms and legs. There was complaint of numbness throughout the body. On 12/31/14 Utilization Review non-certified the request for Flurbiprofen compound 180gm, dispensed, per 12/04/14 email and Gabapentin compound 180gm, dispensed, per 12/04/14 email. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen compound 180gm , dispensed, per 12/04/14 email: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Pain Chapter NSAIDs

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with cardiac, renal and gastrointestinal complications. The use of topical NSAIDs is associated with the development of tolerance, decreased efficacy and increased risk of NSAIDs related complications when combined with oral NSAIDs. The records indicate that the patient is utilizing oral NSAIDs concurrently. There is no documentation that the patient could not tolerate better efficacious oral NSAIDs. The criteria for the use of Flurbiprofen 180gm DOS 12/4/2014 was not met.

Gabapentin compound 180gm, dispensed, per 12/04/14 email: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Pain Chapter Anticonvulsants

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical products can be utilized for the treatment of localized neuropathic pain when first line oral anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective consistent with localized neuropathic pain such as CRPS. The patient was diagnosed with skeletal joints pain. There is no documentation of failed treatment with oral gabapentin. There is lack of guidelines support for the utilization of topical formulations of gabapentin in the treatment of musculoskeletal pain. The criteria for the use of gabapentin compound 180gm DOS 12/4/2014 was not met.