

Case Number:	CM15-0019149		
Date Assigned:	02/09/2015	Date of Injury:	06/18/2013
Decision Date:	03/25/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	02/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female injured worker who sustained an industrial injury on June 18, 2013. The mechanism of injury is unknown. The diagnoses have included left shoulder post SNP, left shoulder effusion, thoracic sprain/strain, lumbar sprain/strain with multi-level IVD, cervical sprain/strain with multi-level IVD, radiculitis, right knee sprain/strain and right wrist carpal tunnel syndrome. Treatment to date has included diagnostic studies, surgery, acupuncture, chiropractic sessions, exercises and medication. Currently, the injured worker complains of severe neck and mid back pain described as sharp and stabbing. She also complained of sharp left shoulder pain and constant severe low back pain described as sharp. The pain was rated a 9 on a 1-10 pain scale. On December 31, 2014, Utilization Review non-certified Gabapentin compound 240mg #1 (dispensed on 11/04/2014) and Flurbiprofen compound 240gm #1 (dispensed on 11/04/2014), noting the CA MTUS Guidelines. On January 20, 2015, the injured worker submitted an application for Independent Medical Review for review of Gabapentin compound 240mg #1 (dispensed on 11/04/2014) and Flurbiprofen compound 240gm #1 (dispensed on 11/04/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Compound 240gm Dispensed per 12/04/14 email QTY: 1.00: 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) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of anti-epileptic without improved functional outcomes attributable to their use. The Gabapentin Compound 240gm Dispensed per 12/04/14 email QTY: 1.00 is not medically necessary and appropriate.

Flurbiprofen Compound 240gm Dispensed per 12/04/14 email QTY: 1.00: 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) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury without documented functional improvement from treatment already rendered. The Flurbiprofen Compound 240gm Dispensed per 12/04/14 email QTY: 1.00 is not medically necessary and appropriate.