

<b>Case Number:</b>	CM15-0027058		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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, 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 (IW) is a 60 year old male who sustained an industrial injury on 12/14/2009. He reported pain to the head, neck, bilateral arms, bilateral shoulders, bilateral elbows and bilateral wrists. The injured worker was diagnosed as having headache, cervical sprain/strain, and right ulnar nerve entrapment, cervical disc displacement, rotator cuff tear sprain, and sprain shoulder. Treatment has included conservative nonoperative treatment including activity modification, physiotherapy, epidural steroid injections, and medication. A MRI showed the herniated disc at C6-7 with compression of thecal sac and cord and an extruded fragment. A C6-C7 anterior cervical discectomy and fusion was done 08/27/2014. Currently (01/12/2015), the injured worker complains of pain to the head, neck, both arms, both shoulders, both elbows, and both wrists. The plan of care includes work restrictions, physical therapy, x-rays of the cervical spine, a neurological consultation, a subacromial injection into the right shoulder and medications including Motrin and a request for authorization for Gaba/Flur 5mg Topical Ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gaba/Flur 5mg Topical Ointment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for gaba/flur, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested gaba/flur is not medically necessary.