

<b>Case Number:</b>	CM13-0012059		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/13/2012
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 Occupational Medicine, 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 claimant is a [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; unspecified amounts of physical therapy; prior right shoulder rotator cuff repair surgery; and extensive periods of time off of work, on total temporary disability. In a utilization review report of July 25, 2013, the claims administrator denied a request for topical compounded agent containing ketoprofen and the topical compounded agent containing gabapentin. The applicant's attorney later appealed. In a June 18, 2013 note, it is stated that the applicant is status post rotator cuff repair surgery. Her incision is healing nicely. There are no signs of infection. The applicant is given a hydrocortisone containing cream and asked to remain off of work, on total temporary disability. A later note of July 15, 2013 is also notable for comments that the applicant is attending physical therapy. The applicant is asked to employ carpal tunnel braces for the wrist and consider a left thumb trigger thumb release. The names of the topical agents the applicant is using are not clearly stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Non FDA-approved agents: Ketoprofen Page(s): 112.

**Decision rationale:** The limited information on file submitted by the claims administrator suggested that this is a request for topical ketoprofen as opposed to oral ketoprofen. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical use or topical application purposes. In this case, the attending provider has not furnished any compelling information or narrative rationale so as to offset the unfavorable MTUS recommendation. It is not clearly stated why the applicant cannot use first line oral pharmaceuticals, for instance. Therefore, the request remains non-certified, on independent medical review.

**Gabapentin.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 111 and 113.

**Decision rationale:** The limited information on file supplied by the claims administrator suggests that this is a request for topical compounded version of gabapentin. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is not recommended for topical compound use purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. As with the other topical compounds, it is not clearly stated why the applicant cannot employ first line oral pharmaceuticals here. For all of these reasons, the request is not certified, on independent medical review.