

Case Number:	CM13-0015998		
Date Assigned:	10/11/2013	Date of Injury:	08/23/2011
Decision Date:	01/30/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/23/2013

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 Internal Medicine and Cardiology and is licensed to practice in Texas. 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 patient is a 45-year-old injured worker who reported an injury on 08/16/2011, after they were shot in the head during a robbery/assault. The patient underwent an MRI of the cervical spine revealing multi-level disc bulging. The patient underwent arthroscopic repair of the right shoulder. The patient also received supportive care, acupuncture, and medication management. The patient developed chronic neck and right shoulder pain. The patient's most recent clinical evaluation documented that the patient was taking tramadol and ibuprofen. Physical findings included tenderness to palpation of the cervical spine and tenderness to palpation over the anterior aspect of the shoulder and right trapezius with a mildly positive Neer's test. The patient's diagnoses included cephalgia, insomnia, and right supraspinatus tendinosis. The patient's treatment plan included additional acupuncture, continuation of medications, and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Ketamine/Ketoprophen/Lidocaine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Medication for Chronic Pain Page(s): 111-116, 60. Decision based on Non-

MTUS Citation Effectiveness of topical administration of opioids in palliative care: a systematic review, B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms, 2009 - Elsevier.

Decision rationale: The California MTUS Guidelines does not recommend the use of topical analgesics as they are largely experimental, there are very few randomized controlled studies to establish the efficacy of these agents; the use of gabapentin as a topical agent due to lack of scientific evidence to support the efficacy of this formulation is not recommended; the use of Ketoprofen as a topical agent is not recommended as this is not an FDA approved formulation. Additionally, the California MTUS Guidelines does not recommend the use of lidocaine as a topical agent as this is not an FDA approved formulation. California MTUS Guidelines and Official Disability Guidelines do not address the use of opioids as a topical formulation. Peer reviewed literature does not support the use of opioids in a topical formulation due to lack of scientific evidence to support the efficacy of these formulations. Therefore, Ketamine would not be supported. Furthermore, the California MTUS recommends the use of medications in the management of the patient's chronic pain to be introduced singularly. Therefore, a compounded agent would not be recommended. The clinical documentation submitted for review does provide evidence that the patient has developed a chronic pain complaint of the cervical spine and right shoulder. The request for Gabapentin/Ketamine/Ketoprofen/lidocaine is not medically necessary and appropriate.