

<b>Case Number:</b>	CM13-0025459		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	05/08/2008
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 72 year-old male with a 5/8/2008 industrial injury. He worked as a plasterer at [REDACTED] and fell from the Matterhorn. He was diagnosed with T7, T8, T9 compression fractures, s/p right rotator cuff reconstruction and left shoulder pain and neck pain. He was also reported to have an injury on 10/2/08. The IMR application shows a dispute with the 8/28/13 UR decision that from [REDACTED] and denies the Ketoprofen-gabapentin topical cream, a UDT and Interferential supplies. The UR denial was based on the 8/14/13 medical report from [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Keto/Gaba cream:** 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 Topical Analgesics Section Page(s): 111-113.

**Decision rationale:** For compounded medications, MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The Keto-gaba cream contains ketoprofen and gabapentin. MTUS specifically states, "Only FDA-

approved products are currently recommended" and then states "Ketoprofen: This agent is not currently FDA approved for a topical application." The use of Ketogaba topical cream is not in accordance with MTUS guidelines.

**toxicology-urine drug screen:** Overturned

**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 Drug Testing Section Page(s): 43.

**Decision rationale:** The patient had been managing his pain with Naproxen or Motrin. On 8/1/13, the physician prescribed Ultram, and the urine drug testing (UDT) was recommended on 8/14/13. There are no prior UDT reports noted in the available records. The request appears to be in accordance with MTUS guidelines that suggest testing of low-risk patients within 6-months of initiation of therapy.

**Durable medical equipment IF supplies back:** 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 TENS and Interferential Current Stimulation Sections Page(s): 114-121.

**Decision rationale:** The interferential supplies would be necessary if the interferential therapy were necessary, and if there was a clearer description of what exactly the "supplies" are. The interferential therapy has not been shown to be necessary from the records provided. There is no documentation of functional improvement; there is no discussion of pain medications not being effective, no history of drug abuse, or unresponsiveness to conservative care. The use of interferential therapy and/or supplies without this information is not in accordance with MTUS guidelines.