

Case Number:	CM13-0029883		
Date Assigned:	11/27/2013	Date of Injury:	01/17/2013
Decision Date:	01/31/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	09/25/2013

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 has a subspecialty Fellowship training in Cardiovascular Disease 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 63-year-old male who reported an injury on 01/17/2013 due to cumulative trauma while performing normal job duties. The patient underwent a cervical MRI that revealed disc desiccation at the C2 through the T1 levels and multilevel disc bulging. The patient underwent an MRI of the lumbar spine that revealed disc desiccation from the L3 to the S1 and multilevel disc bulging. The patient underwent an MRI of the left hand that revealed a small focus of artifact within the palmar skin over the 3rd metacarpal head. The patient underwent an MRI of the left shoulder that revealed osteoarthritis of the left acromioclavicular joint and supraspinatus tendinosis. The patient has been treated conservatively with medications and physical therapy and aquatic therapy that has failed to treat the patient's symptoms. It is noted within the documentation that the patient uses a topical agent that consists of ketoprofen, gabapentin, and tramadol. The patient underwent rotator cuff repair and subacromial decompression. The patient was treated post surgically with physical therapy. The patient's most recent clinical evaluation revealed limited shoulder range of motion described as 90 degrees in flexion, 90 degrees in abduction, 40 degrees in internal rotation, and 70 degrees in external rotation of the left shoulder. The patient's diagnoses included a cervical sprain/strain with degenerative disc disease at the C2 through C7 levels with multilevel disc herniations, left wrist arthrodesis, a lumbar sprain/strain, anxiety and depression, insomnia, shingles, and status post left shoulder rotator cuff repair, and postoperative left shoulder adhesive capsulitis. The patient's treatment plan included continued aquatic therapy and continued medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL CREAMS OF: KETOPROFEN, GABAPENTI, TRAMADOL: 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. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 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. California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), and Official Disability Guidelin

Decision rationale: The requested topical creams of ketoprofen, gabapentin, and tramadol are not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has multiple pain generators and is taking medications for pain control. California Medical Treatment Utilization Schedule does not support the use of ketoprofen as a topical agent as it is not FDA approved for that formulation. The California Medical Treatment Utilization Schedule does not recommend gabapentin as there is no scientific evidence to support the efficacy of this medication as a topical agent. Peer reviewed literature does not support the use of tramadol as a topical agent as there is no scientific evidence to support the efficacy of the medication in this formulation. As there is no scientific evidence to support the efficacy of these medications as topical agents and there is no documentation that the patient receives any functional benefit or pain relief from the requested medications, continued use would not be supported. As such, the requested topical creams of ketoprofen, gabapentin, and tramadol are not medically necessary or appropriate.