

<b>Case Number:</b>	CM13-0030178		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	10/13/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/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 53 year old female who was injured on October 13, 2012. The patient states she got grabbed by a patient in a headlock and she felt a sudden sharp pain in the right shoulder and neck as well as the left index finger. Her diagnoses include cervical strain/sprain, strain and impingement of the right shoulder, tendinopathy of the tight rotator cuff, right cubital tunnel syndrome, and bilateral carpal tunnel syndrome. Prior treatment history has included repair of rotator cuff on the right shoulder, right distal clavicle resection, right subacromial decompression and right coracoacromial ligament resection on June 7, 2013. Current medications include Naproxen and Omeprazole. An orthopedic agreed medical evaluation dated June 4, 2013 documented the patient with complaints of constant moderate pain in the neck. The pain radiates to the bilateral shoulders and down the arms to the hands and fingers bilaterally. She notes throbbing and stabbing pain in the neck. She has moderate to severe pain in the right shoulder with constant tingling, numbness and swelling at night with aching and dull pain. She complains of pain in the right elbow, which comes and goes, pointing to the posteromedial aspect of the elbow. There is numbness and tingling in the right hand and forearm. She notes aggravation of pain with movement of the elbow at times. She reports constant numbness and tingling with swelling and night stiffness in the hands, right side greater than left. Any repetitive and constant use of the neck and bilateral shoulders aggravates pain. Any overhead reaching aggravates the pain. She states that she applies heating pads, takes medication and rests in between tasks to alleviate the symptoms. Objective findings on examination of the cervical spine reveal alignment is normal. There is no evidence of spasm. There was tenderness noted over the cervical spine, both in the midline and in the cervical paraspinal musculature on the right. There was tenderness over the upper trapezius musculature on the right with no evidence of muscle spasm or guarding. Axial compression test was negative. An examination of the shoulders revealed there was

tenderness noted over the right rotator cuff area and right acromioclavicular joint. No tenderness was noted over the scapulae, anterior shoulder or biceps tendons bilaterally. The range of motion was decreased on the left side as compared to the right. Examination of forearms and elbows revealed no deformity or swelling. There was tenderness over the ulnar nerve at the cubital tunnel on the right. Range of motion pronation was 90 degrees on the right and 80 degrees on the left. Examination of the wrists revealed no swelling or deformity in either wrist. An examination of the hands and fingers revealed palpable swelling of the flexor tendon at the left thumb metacarpophalangeal joint, which was non-tender. No tenderness about the finger. There was no atrophy of the thenar or hypothenar musculature. The treating provider has requested Ketoprofen/Gabapentin cream.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**KETOPROFEN/GABAPENTIN 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 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical analgesics.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines and ODG does not recommend this request for Ketoprofen/Gabapentin cream. The guidelines indicate that Gabapentin is not recommended since there is no peer-reviewed literature to support use. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions. The medical records document there is no objective functional improvement, while on this compounded topical cream. Medical necessity for the requested item has not been established. The requested item is not medically necessary.