

Case Number:	CM13-0035646		
Date Assigned:	12/27/2013	Date of Injury:	06/19/2000
Decision Date:	02/25/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/17/2013

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 Family Practice 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 54-year-old female who reported an injury on 06/19/2000. The patient is diagnosed with cervical disc disease, cervical radiculopathy, bilateral carpal tunnel syndrome, cervical facet arthropathy, and cervicogenic headaches. The patient was seen by [REDACTED] on 10/10/2013. The patient reported persistent neck pain with frequent headaches and upper extremity tingling and numbness. Physical examination revealed decreased cervical range of motion, tenderness to palpation of the facet joints from C3-6, moderate paracervical muscle spasm, positive foraminal compression testing, and positive Tinel's testing on the right. Treatment recommendations included facet injections and continuation of current medication, including TG ice as well as Fluoroplex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Gabapentin/Tramadol/ compounds x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. The only FDA-approved topical NSAID is diclofenac gel. Gabapentin is not recommended as there is no peer-reviewed literature to support its use. There is no documentation of this patient's failure to respond to first-line oral medication prior to initiation of a topical analgesic. Additionally, the patient has continuously utilized these compounded medications. Despite the ongoing use, the patient continues to report persistent pain. California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Therefore, the current request is not medically appropriate. As such, the request is noncertified.