

Case Number:	CM13-0035878		
Date Assigned:	06/13/2014	Date of Injury:	06/16/2012
Decision Date:	08/04/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/11/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and Acupuncture, 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:

The patient is a 22 year old female injured worker with date of injury 6/16/12 with related elbow and wrist pain. According to a progress report dated 8/20/13, the injured worker reported pain rated at 5-6/10 in intensity. She wore wrist splints, and exhibited near normal to normal wrist ranges of motion, normal sensorium and symmetric grip strength. Imaging studies were not available in the documentation submitted for review. The documentation submitted for review does not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 9/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Creams: Ketoprofen, Gabapentin, Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111, 112.

Decision rationale: With regard to topical Ketoprofen, the MTUS Chronic Pain Medical Treatment Guidelines indicate that this agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. According to the

MTUS pg. 113, with regard to topical gabapentin: Not recommended. There is no peer-reviewed literature to support its use. The MTUS is silent on the use of tramadol topically. Regarding the use of multiple medications, MTUS pg. 60 indicates only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others. Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request is not medically necessary.