

<b>Case Number:</b>	CM13-0042709		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/16/2010
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Orthopedic Surgery 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 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 54 year old female who was injured on 08/16/2010 while doing repetitive lifting, carrying and waitressing. Prior treatment history has included physical therapy with no benefit, cortisone injection to her right elbow. The patient underwent right Carpal Tunnel Release (CTR) surgery 03/2011 and left CTR surgery on 04/09/2012. Diagnostic studies reviewed include EMG/NCV dated 03/08/2013 with the following impression: 1) Bilateral carpal tunnel syndrome, which is mild, status post bilateral carpal tunnel release. 2) Possible underlying polyneuropathy impeding median remyelination following release procedure. PR-2 dated 06/25/2013 documented the patient with complaints of right elbow pain, right hand pain and left hand pain. The patient states that her Ultram is making her nauseated and I am putting her back on Norco. There is no documentation of current pain level. Treatment/Plan: 1. Soma. 2) Zipsor. 3) Norco, no more than two tablets per day. PR-2 dated 07/23/2013 documented the patient stating she is unchanged. The remainder of report is illegible. No documentation of current pain level. PR-2 dated 08/27/2013 documented the patient with complaints of right hand pain and right elbow pain. There was no documentation of current pain level or objective physical restrictions. Objective findings on exam included examination of the right elbow with 0 to 160 degrees of flexion. There is no tenderness over the lateral epicondyle. No laxity is noted to varus or valgus stress. Range of motion of the right hand reveals 70 degrees of flexion and 70 degrees of extension. Diagnoses: 1) Right carpal tunnel release with improved symptoms. 2) Right lateral epicondylitis, industrially caused. Treatment/Plan: 1) Right elbow strap. 2) Topical analgesic cream for pain relief with Ketoprofen and gabapentin cream. 3) Recommendation for pain management as the patient states she is in pain, even though she is not taking any pain medications. There is no documentation of current pain level.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PAIN MANAGEMENT CONSULTATION AND TREATMENT WITHIN MEDICAL PROVIDER NETWORK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 92, 253.

**Decision rationale:** According to the guidelines, a specialty referral may be indicated if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The medical records do not establish such is the case of this patient. The guidelines further state that, in the absence of red flags, the occupational or primary care providers can safely and effectively manage work-related forearm, hand, and wrist complaints. There is no documentation of current pain level or objective physical restrictions. The medical records document the patient's right upper extremity condition is improved. There is no indication of significant pain or loss of function, unresponsive to treatment measures, or other extenuating circumstances as to warrant pain management referral. Therefore, the medical necessity for a pain management consultation and treatment is not established.

### **KETOPROFEN AND 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 rationale:** According to CA MTUS topicals are supported after failure of first line medication. As per the guidelines, Gabapentin is not recommended in topical formulations. There is no support to use gabapentin in a topical form. Ketoprofen is non FDA regulated. There is no support to use these non FDA regulated products. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not supported as medically necessary. The medical necessity of KETOPROFEN AND GABAPENTIN CREAM is not established.