

Case Number:	CM13-0056095		
Date Assigned:	12/30/2013	Date of Injury:	12/15/2001
Decision Date:	05/02/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/21/2013

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 injured worker is a 52 year-old female who reported an injury on 12/15/2001. The mechanism of injury was not provided for review. Injured worker underwent a pulmonary consultation on 10/09/2013. It was documented that the injured worker had a complicated medical history to include aortic stenosis, aortic aneurysm, pulmonary arterial hypertension, and ischemic heart disease. The injured worker's treatment history included aortic valve replacement and a coronary artery bypass surgery. The clinical documentation submitted for review did not include an evaluation from a primary treating physician or any orthopedic evaluations to support the need for pain management with medications. The request was made for tramadol/ketoprofen/gabapentin compounded topical analgesic. The submitted request was not supported by any clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF TRAMADOL-KETOPROFEN-GABAPENTIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CALIFORNIA MTUS GUIDELINES, WEB BASED EDITION, [HTTP://WWW.DIR.CA.GOV/T8/CH4_5SB1A5_52.HTML](http://www.dir.ca.gov/T8/CH4_5SB1A5_52.HTML)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111. Decision based on Non-MTUS Citation EFFECTIVENESS OF

TOPICAL ADMINISTRATION OF OPIOIDS IN PALLIATIVE CARE: A SYSTEMATIC REVIEW; B LEBON, G ZEPPELELLA, IJ HIGGINSON - JOURNAL OF PAIN AND SYMPTOMS, 2009 - ELSEVIER.

Decision rationale: The California Medical Treatment Utilization Schedule does not support the use of ketoprofen as a topical analgesic as it is not FDA approved in this formulation. Additionally, California Medical Treatment Utilization Schedule does not support the use of gabapentin in a topical analgesic as there is little scientific evidence to support the efficacy of this medication. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address opioids as topical analgesics. Peer reviewed literature does not support the use of opioids as topical analgesics as there little scientific evidence to support the efficacy and safety of opioids in topical applications. California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. Also, the request as it was provided did not include a duration, dosage, or frequency of use. Therefore, the appropriateness of the request itself could not be determined. As such, the requested tramadol/ketoprofen/gabapentin is not medically necessary or appropriate.