

<b>Case Number:</b>	CM13-0057126		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/31/1996
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Columbia, Maryland and 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 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:

This patient reported a date of injury of 12/31/1996. She is under treatment for chronic pain resulting from injuries to the cervical spine and left shoulder. The current diagnoses include neck pain, left shoulder sprain and strain, status post surgery, left shoulder pain, chronic pain syndrome, tension headaches, chronic pain related insomnia, myofascial syndrome and neuropathic pain. In review of the progress report from 10/31/2013 the patient complained of left shoulder and low back pain, has pain going down the left arm to the forearm. She indicated that shoulder injections helped, but the response was not as dramatic as the initial injections but they took the edge off the pain. She has been able to resume a home exercise program and still feels like there's some inflammation in the shoulder. Her pain is currently rated 4/10, has averaged 6/10 over the preceding week and without pain medication her symptoms are rated 7-8/10 but with medications her pain is rated 4/10. A urine drug screen from 8/29/13 is positive for Gabapentin, Tramadol, Cyclobenzaprine, Hydrocodone, Hydromorphone and Oxymorphone; negative for Amitriptyline and Nortriptyline. At issue is a prospective request for a prescription of GabaKetoLido #240gm and 8 acupuncture sessions and a retrospective review of the Toradol injection as provided on 10/31/2013 which was denied for lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GabaKetoLido 240gm:** 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 Page(s): 54-57.

**Decision rationale:** Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed (Namaka, 2004). Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006). Absorption of the drug depends on the base it is delivered in (Gural, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure (Krummel 2000). Lidocaine Indication: Neuropathic pain recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for Orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. The guidelines further stated that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.

**Toradol Injection #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

**Decision rationale:** The current evidence-based guidelines recommend NSAIDs with caution. Specifically regarding ketorolac (Toradol), this medication is not indicated for minor or chronic painful conditions. This patient was given a Toradol injection on 10/31/13 to address the chronic shoulder pain which was apparently flared up while measuring blood pressure. Considering the absence of support for the use of Toradol in the management of chronic pain conditions and the fact that this patient's left shoulder symptoms were clearly chronic, the injection provided on 10/31/13 was not medically appropriate.