MAXIMUS Federal Services

Case Number:	CM14-0005840		
Date Assigned:	02/07/2014	Date of Injury:	04/12/2004
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/15/2014

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 injured worker is a 47-year-old female who was injured on April 12, 2004. The most recent clinical documents meant for this review is dated November 12, 2013. The injured worker is documented as having a lumbar fusion at L4-S1 previously (date not provided). The record indicates the injured has continued low back pain, left shoulder pain, and neck pain. The physical examination documents normal range of motion of the shoulders, a positive straight leg raise test bilaterally, and normal sensation. Motor exam is also documented as normal. The clinician indicates the injured utilizes topical creams containing ketoprofen, gabapentin, tramadol with relief. The utilization review in question was rendered on December 30, 2013. The reviewer noncertified the request for Ketoprofen cream, Gabapentin cream, and Tramadol cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICALTREATMENT GUIDELINES, NSAIDs (NON-STEROIDAL AND ANTI-INFLAMMATORY),

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

Decision rationale: The MTUS Chronic Pain Guidelines notes that topical analgesics are largely experimental, but may be used as a 2nd line treatment option for neuropathic pain when first-line medications fail. The MTUS Chronic Pain Guidelines does not recommend Tramadol as a first-line oral analgesic. Furthermore, the request does not indicate the amount of medication or number of refills requested. As such, the request is not medically necessary and appropriate.

GABAPENTIN CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICALTREATMENT GUIDELINES, TOPICAL ANALGESICS,

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

Decision rationale: The MTUS Chronic Pain Guidelines notes that topical analgesics are largely experimental, but may be used as a 2nd line treatment option for neuropathic pain when first-line medications fail. The MTUS Chronic Pain Guidelines further goes on to note that Gabapentin is not recommended for topical application. Furthermore, the request does not indicate the amount of medication or number of refills requested. As such, the request is considered not medically necessary.

TRAMADOL CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICALTREATMENT GUIDELINES, TOPICAL ANALGESICS,

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

Decision rationale: The MTUS Chronic Pain Guidelines notes that topical analgesics are largely experimental, but may be used as a 2nd line treatment option for neuropathic pain when first-line medications fail. The MTUS Chronic Pain Guidelines does not recommend Tramadol as a first-line oral analgesic. Furthermore, the request does not indicate the amount of medication or number of refills requested. As such, the request is not medically necessary and appropriate..