

Case Number:	CM14-0006734		
Date Assigned:	02/07/2014	Date of Injury:	12/15/2007
Decision Date:	06/23/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/17/2014

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 Texas. 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 58 year old female injured on 12/15/07 due to undisclosed mechanism of injury. Current diagnoses included cervical disc herniation of C4 through C7 with reversal of cervical curve, severe depression secondary to chronic pain, bilateral post-traumatic arthritis of the carpometacarpal joints of the thumbs, bilateral shoulder impingement syndrome, lumbar L5-S1 degenerative joint disease and first degree spondylolisthesis with herniated nucleus pulposus L5-S1 and L4-5 with nerve root impingement, insomnia, chronic thoracic sprain/strain, possible pulmonary effects of acrylic chemicals, bilateral carpal tunnel syndrome, bilateral knee overuse, and bilateral plantar fasciitis. Clinical documentation dated 12/04/14 indicated the injured worker presented complaining of continued neck pain, mid back pain, low back pain, and shoulder pain. The injured worker reported she felt like something was out of place in her anterior neck and reported difficulty swallowing. She rated her pain at 7/10. Current medications included Tramadol 150mg QD, Prilosec 20mg QD, Naprosyn 550mg BID, and topical creams of Ketoprofen, Gabapentin, and Tramadol. Physical examination revealed decreased range of motion of the cervical spine and bilateral shoulders, positive straight leg raise bilaterally, and decreased hand grip on the right. The initial request for topical cream Gabapentin, topical cream Tramadol, and topical cream Ketoprofen was initially non-certified on 12/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL CREAM GABAPENTIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: THE MTUS 2009 CHRONIC PAIN GUIDELINES- TOPICAL MEDICATIONS , , 111-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines,.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, Chronic Pain Medical Treatment Guidelines, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Gabapentin has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Topical Cream Gabapentin is not medically necessary as it does not meet established and accepted medical guidelines.

TOPICAL CREAM TRAMADOL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: THE MTUS 2009 CHRONIC PAIN GUIDELINES- TOPICAL MEDICATIONS , , 111-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, Chronic Pain Medical Treatment Guidelines, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Tramadol has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Moreover, the documentation indicates the injured worker is currently taking the oral form of Tramadol which would result in a redundancy in medication management. Therefore topical cream Tramadol is not medically necessary as it does not meet established and accepted medical guidelines.

TOPICAL CREAM KETOPROFEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: THE MTUS 2009 CHRONIC PAIN GUIDELINES- TOPICAL MEDICATIONS, , 111-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, Chronic Pain Medical Treatment Guidelines, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Ketaprofen has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore topical cream Ketaprofen is not medically necessary as it does not meet established and accepted medical guidelines.