

<b>Case Number:</b>	CM14-0007279		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 Occupational Medicine, 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:

This is a 45-year-old male who sustained injury on 03/08/2013 to his left wrist causing fracture of the distal radius. The mechanism of injury is unknown. Treatment history includes medications physical therapy and (Naprosyn, Xanax, Prilosec, Norco, Topical cream [Ketoprofen, Gabapentin, and Tramadol]). The patient had ORIF of distal radius fracture 03/15/2013 and left wrist ganglion excision on 02/19/2014. A progress report dated 06/10/2014 indicates that the patient is having mild left wrist pain and feels better overall. He is not in therapy. He is not working. On examination, the sensation was hypersensitive over the small 3 cm incision on the ulnar aspect and volar surface where he had a cyst. The patient's wrist itself is nontender at all. Left elbow supination 80 and pronation 80. Left wrist dorsiflexion 40 and palmar flexion 50. Hand grip, right hand 90/90/85 and left hand 60/55/50. The patient was recommended renewal of his medications. UR report dated 01/20/2014 indicates the request for creams of Ketoprofen, Gabapentin and Tramadol was non-certified because it is not recommended for topical applications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream of Ketoprofen, Gabapentin, and Tramadol (quantity and dose unknown):** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, Gabapentin is not recommended for topical application as there is no literature to support its use. Further, Ketoprofen is not FDA-approved for topical application. Medical records do not establish exceptional circumstances. The request for compound cream of Ketoprofen, Gabapentin, and Tramadol (quantity and dose unknown) is not medically necessary.