

Case Number:	CM14-0102408		
Date Assigned:	09/16/2014	Date of Injury:	04/26/2013
Decision Date:	11/17/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 52-year-old man who sustained a work-related injury on April 26, 2013. Subsequently, he developed with chronic back pain, cervical and right shoulder pain. The according to progress report dated on June 24, 2013, the patient was complaining of stiffness, weakness, and cervical and lumbar pain as well as right shoulder pain. Physical examination demonstrated cervical tenderness, lumbar and right shoulder tenderness. There is reduced range of motion of the cervical and lumbar spine. The patient was treated with the Ibuprofen, Cyclobenzaprine/Chronic Back without full control of the pain without full control of the pain without full control of the pain. The patient was diagnosed with the cervical lumbar and thoracic strain. The provider requested authorization for the use of a topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin-Ketoprofen Cream 60gms: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of the component of Gaba/Keto cream (Gabapentin, Ketoprofen). Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from first line pain medications. Based on the above, the use of Gabapentin-Ketoprofen Cream 60gms is not medically necessary.