

Case Number:	CM14-0136375		
Date Assigned:	09/08/2014	Date of Injury:	04/09/2012
Decision Date:	11/06/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53 years old female with an injury date on 04/09/2012. Based on the 08/11/2014 progress report provided by [REDACTED], the diagnoses are: 1. Right shoulder posttraumatic arthrosis of the acromioclavicular joint with loose bodies and probable rotator cuff tear. 2. Cervical chronic sprain/strain. 3. Lumbar chronic sprain/strain. 4. Triggering of long ring fingers bilaterally. 5. Carpal tunnel syndrome by nerve conduction study. 6. Bilateral knee overuse with pain. 7. Anxiety/depression. 8. Insomnia. 9. Sexual dysfunction. According to this report, the patient complains of severe pain of the neck, right shoulder, right wrist, low back, and left hip. The patient also complains of moderate pain of the left wrist pain with numbness of the fingers. The patient is feeling "worse in all of her area." Range of motion of the cervical spine is decreased by 20%. Impingement test, Neer's, Hawkins test, and O'Brien test are positive. Tenderness is noted at the cervical spine and acromioclavicular joint. MRI of the cervical spine on 07/30/2014 shows 3mm disc herniation at C3-C4, C4-C5, and C5-C6. MRI of the lumbar spine on 05/21/2014 shows a collapsed L5-S1 with a 4-5mm disc herniation; and 3mm bulge at L3-L4 and L4-L5. "There is nerve impingement at the 2 lower levels, L4-L5 and L5-S1." There were no other significant findings noted on this report. The utilization review denied the request on 08/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/20/2014 to 08/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen, Gabapentin and Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain section, Topical Cream Page(s): 111-113.

Decision rationale: According to the 08/11/2014 report by [REDACTED] this patient presents with severe pain of the neck, right shoulder, right wrist, low back, and left hip. The treater is requesting decision for decision for Ketoprofen, Gabapentin, Tramadol topical cream. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. In this case, Gabapentin is not recommended for topical formulation. Tramadol is not discussed in any of the guidelines for topical formulation. Furthermore, MTUS specifically states ketoprofen is not FDA approved for topical applications. Any compounded topical product containing ketoprofen would not be recommended. Recommendation is for denial.