

Case Number:	CM14-0143923		
Date Assigned:	09/12/2014	Date of Injury:	05/22/2013
Decision Date:	12/24/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/05/2014

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 Internal 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:

The injured worker (IW) is a 62-year-old woman with a date of injury of May 22, 2014. The mechanism of injury occurred as a result of repetitive job duties. The specific injuries sustained were not detailed in the medical record. Pursuant to the Doctor's First Report of Occupational Injury Dated August 12, 2014, the IW complains of constant moderate to occasionally severe cervical spine pain. The pain radiated into the shoulders, right arm, hand, and fingers. She reports constant numbness and weakness of the right upper extremity. She wakes up 1 to 2 times a night and complains of insomnia. She reports occasional moderate headaches and occasional mild dizziness, blurred vision, and tinnitus. She reports constant moderate pain in the shoulders, more on the right than the left. Objective physical examination revealed the IW walks with a cane part-time. The right shoulder is slightly higher. There is mild left antalgic gait. There is tenderness along the right upper trapezius and right paravertebral muscles. Impingement test is positive in the right shoulder. The right leg is slightly longer. There is mild tenderness along the spinous processes. There is pain in the lumbar spine with incomplete squat. There is 7-degree valgus of the knees. There is left patellofemoral pain and bilateral crepitation on range of motion. There is tenderness along the medial joint line of the left knee. McMurray's test is positive on the left knee. Patellar grinding test is positive. The IW has been diagnosed with cervical spine sprain/strain, right more than left; shoulder sprain/strain with right impingement; bilateral wrist sprain/strain; history of bilateral elbow epicondylitis; lumbar spine strain/sprain; rule out L5 more than S1 radiculopathy; bilateral knee sprain/strain with left internal derangement; rule out insomnia; and history of gastritis due to medications. Treatment rendered included: Physical exam, x-rays of the cervical spine, lumbar spine, shoulders, elbows, wrists and knees. Ibuprofen 800 mg and topical Gabapentin/Ketoprofen/Lidocaine cream was given. Further treatment plan includes Functional Capacity Evaluation (FCE), physical therapy to the cervical spine and

lumbar spine, shoulders, wrists and knees 3 times a week for 4 weeks, and an Interferential (IF) Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ibuprofen 800 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There recommended with precautions in patients with a history of gastrointestinal events and cardiovascular risk factors. Risk factors include history of particles of disease, G.I. bleeding or perforation. In this case, the injured worker has a history of gastritis associated with medications. There were no protective proton pump inhibitors initiated with treatment. The documentation provides a relative contraindication to non-steroidal anti-inflammatory drugs. Consequently, Ibuprofen 800 mg #60 is not medically necessary.

Gaba-Keto-lido cream: 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: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, GABA-Keto-Lido Cream is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not FDA approved. Topical lidocaine, other than the Lidoderm patch, whether a cream, lotion or gel is not commercially approved. Gabapentin topical is not recommended. In this case, the treating physician requested topical GABA-Keto-Lido cream. Any compounded product that contains a least one drug (topical gabapentin, topical lidocaine in cream form, and ketoprofen) that is not recommended, is not recommended. Consequently, the topical preparation GABA-Keto-Lido Cream is not medically necessary.

