

Case Number:	CM14-0146205		
Date Assigned:	10/07/2014	Date of Injury:	09/19/2011
Decision Date:	11/04/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/09/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 39-year-old male who reported an injury on 09/19/2011. The mechanism of injury was not submitted for clinical review. The diagnoses included status post C4-6 anterior cervical discectomy and fusion, headaches, bilateral carpal tunnel syndrome, bilateral ulnar nerve, cubital tunnel syndrome, insomnia, right shoulder post-traumatic arthritis, and left shoulder post-traumatic arthritis. The previous treatments included medication and surgery. Within the clinical note dated 07/31/2014, it was reported the injured worker complained of severe neck pain in the right with muscle spasms. He also complained of right shoulder pain, which was severe, with severe left shoulder pain. The injured worker reported having mild left wrist pain. Upon the physical examination the provider noted the injured worker's neck had 25% decreased range of motion. There was tenderness, trigger points and spasms at C3-4. The provider noted the injured worker had good sensation in his fingers. The request submitted is for topical cream Ketoprofen, Gabapentin and Tramadol. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream: Ketoprofen, Gabapentin and Tramadol: 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 NSAIDs Page(s): 111-113..

Decision rationale: The request for topical cream Ketoprofen, Gabapentin and Tramadol is not medically necessary. The California MTUS Guidelines note topical non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. The guidelines note Ketoprofen is a non FDA approved agent. Gabapentin is not recommended for topical use. Tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first line oral analgesic. The clinical documentation submitted did not indicate the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the treatment site. The request submitted failed to provide the frequency, dosage, and quantity of the medication. Therefore, this request is not medically necessary.