

Case Number:	CM14-0176415		
Date Assigned:	10/29/2014	Date of Injury:	08/20/2014
Decision Date:	12/10/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 63-year-old female with complaints of pain in both shoulders radiating to the arms, scapulas and elbows, and low back. The date of injury is 8/20/14 and the mechanism of injury was rolling chairs. At the time of request for Gabapentin/Ketoprofen/Lidocaine cream, there are subjective (frequent moderate to occasionally severe pain in both shoulders radiating to arms, scapulas and elbows, weakness of the arms, occasional mild to moderate pain in the right wrist and hand at the volar and radial aspect, loss of grip strength, constant moderate to occasionally severe LBP, right greater than left, also depression, anxiety, stress, and insomnia), objective (bilateral antalgic gait; tremor of the head and BUE; bilateral hallux valgus; tenderness along the bilateral C-spine, upper trapezius or left paravertebral muscles; tenderness of the right wrist structures; tenderness in the PIP and right thumb; severe tenderness along the spinous processes, left greater than right sacroiliac joints; mild tenderness along the medial forefoot with ecchymosis; mild tenderness in the first MTP joint from recent fall; rotator cuffs; early frozen shoulder; positive Hoffman's, impingement test, Finkelstein's on the right wrist, SLR and Lasegue's; pain in the bilateral calves with heel walking; 2-degree valgus of the knees; patellofemoral pain and crepitation on ROM), findings, imaging/other findings (she used a cane), current medications (Naprosyn), diagnoses (bilateral shoulder strain with bilateral impingement and bilateral frozen shoulder, right wrist de Quervain's, L-spine sprain and strain with right more than left sciatica, and rule out stress, anxiety and depression), and treatment to date (never had any prior acupuncture, chiropractic treatments, or PT.) Past treatments and diagnostic reports were not documented in the clinical records submitted with this request. The request for Gabapentin/Ketoprofen/Lidocaine cream was denied on 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Ketoprofen/Lidocaine cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 10/6/14)

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents and they are largely experimental. According to the guidelines, Gabapentin is not recommended for topical application. There is no peer-reviewed literature to support their use. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case the request is not supported by MTUS guidelines; therefore, the request is not medically necessary according to the guidelines.