

Case Number:	CM14-0185626		
Date Assigned:	11/14/2014	Date of Injury:	11/13/2012
Decision Date:	12/22/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/07/2014

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 25 year-old female with the date of injury of 11/13/2012. The patient presents with pain in her left hand and fingers. The patient has full range of her left hand motion. The patient has good strength and good grip. The patient has touch sensation over the tissue and into her 4th and 5th digits of her left hand. The patient is currently working full time without restrictions. Per 09/29/2014 progress report, the patient is taking Cyclobenzaprine, Gabapentin, Naproxen and Omeprazole. Diagnosis on 08/19/2014 is S/P crush injury, left hand, 4th and 5th metacarpals. The utilization review determination being challenged is dated on 10/17/2014. Two treatment reports were provided from 08/19/2014 to 09/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin powder: 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: The patient presents with pain in her left hand and 4th and 5th fingers. The patient is s/p left hand surgery on 11/13/2012. The request is for Gabapentin powder. MTUS guidelines do not recommend Gabapentin as topical cream. MTUS page 111 do not support compounded topical products if one of the components are not recommended. Given the lack of support for topical Gabapentin, is not medically necessary and appropriate.

Ketoprofen powder: 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: The patient presents with pain in her left hand and 4th and 5th fingers. The patient is s/p left hand surgery on 11/13/2012. The request is for Ketoprofen powder. Regarding topical Ketoprofen, MTUS page 111 states, "Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000)" Given the lack of support from MTUS for this product, is not medically necessary and appropriate.