MAXIMUS Federal Services

Case Number:	CM14-0054830		
Date Assigned:	07/07/2014	Date of Injury:	12/30/2005
Decision Date:	09/25/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/24/2014

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 Family 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:

This is a 45 year old male who reported an industrial injury on 12/30/2005, almost nine (9) years ago, attributed to the performance of customary job tasks. The patient was noted to be s/p right knee partial medial/lateral meniscectomy. The patient complained of pain to the right shoulder, right wrist, and bilateral knees. The patient was prescribed Norco 10/325 mg; Ibuprofen 800 mg; Prilosec 20 mg and the topical compounded Ketoprofen; Gabapentin; and Tramadol. The patient was diagnosed with right shoulder impingement with posttraumatic arthrosis of the AC joint; bilateral knee chondromalacia patella grade 2 with medial meniscus tears; carpal tunnel syndrome intermittent, right greater than left, confirmed by nerve conduction studies; anxiety; depression; possible histrionic personality; insomnia; industrial hearing loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream: Ketaprofen, Gabapantin and Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 128,Chronic Pain Treatment Guidelines topical analgesics pages Page(s): 112-13, 22, 67- 68.

Decision rationale: The prescription for topical compounded Ketoprofen/Gabapentin/Tramadol cream unspecified quantity is not medically necessary for the treatment of the patient's chronic pain complaints. The prescription of topical compounded Ketoprofen/Gabapentin/Tramadol cream unspecified quantity is not recommended by the CA MTUS, ACOEM guidelines, and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate-noting the specific comment, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the medical necessity for the continued prescription of for the treatment of chronic pain to the shoulder and knees.