

Case Number:	CM14-0081589		
Date Assigned:	07/18/2014	Date of Injury:	09/16/2013
Decision Date:	09/17/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational 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 39-year-old male with a 9/16/13 date of injury. The mechanism of injury occurred when the patient slipped and fell in mud and landed on his right shoulder. According to a 5/13/14 orthopedic evaluation, the patient had severe right shoulder pain and moderate low back pain. Objective findings: tenderness of the acromioclavicular joint, limited shoulder ROM, positive Neer's, positive Hawkin's, positive Speed's tests. Diagnostic impression: cervical sprain/strain, right shoulder acromioclavicular joint sprain, probably right rotator cuff tear, lumbar herniated nucleus pulposus with nerve root impingement. Treatment to date is medication management and activity modification. A UR decision dated 5/27/14 denied the requests for topical Ketoprofen/Gabapentin and Tramadol. Compound delivery systems are not generally FDA approved as the mechanism by which the drugs are delivered and its efficacy has not been extensively studied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical/ Ketoprofen, Gabapentin (Unknown Quantity and Strength): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Page 28 and Topical Analgesics Page(s): 28, 111-113.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of ketoprofen or Gabapentin in a topical formulation. A specific rationale identifying why this topical compounded product is required in this patient despite lack of guideline support was not provided. Therefore, the request for Compound Topical/ Ketoprofen, Gabapentin (Unknown Quantity and Strength) was not medically necessary.

Tramadol (Unknown Quantity and Strength): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. A urine drug screen dated 3/6/14 was inconsistent for tramadol. There is no documentation that the provider has addressed this issue with the patient. Furthermore, the strength and quantity were not noted in this request. Therefore, the request for Tramadol (Unknown Quantity and Strength) was not medically necessary.