

Case Number:	CM14-0097242		
Date Assigned:	09/16/2014	Date of Injury:	03/28/2011
Decision Date:	10/15/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/25/2014

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 Management and is licensed to practice in Tennessee. 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 49-year-old male who has submitted a claim for traumatic upper arm arthropathy, injury to the ulnar nerve, carpal tunnel syndrome, traumatic shoulder arthropathy and disorders of bursae and tendons in the shoulder region associated with an industrial injury date of March 28, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain in the left elbow, left shoulder, left wrist and left hand. Examination showed no exaggerated pain behavior, decreased left elbow range of motion, and decreased grip strength on the left side. Treatment to date has included topical cream Gabapentin, Ketoprofen and Tramadol since at least Feb 2014. The utilization review from June 3, 2014 denied the request for Topical cream Gabapentin, Ketoprofen, Tramadol because the guidelines do not recommend the individual components of the cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream Gabapentin, Ketoprofen, Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The topical formulation of Tramadol does not show consistent efficacy. CA MTUS does not support the use of opioid medications and Gabapentin in a topical formulation. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. The only non-steroidal anti-inflammatory drugs (NSAIDs) recommended for neuropathic pain is Diclofenac. In this case, the patient had been prescribed cream since at least February 2014 containing Gabapentin, Ketoprofen and Tramadol which are not recommended by the guidelines. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for Topical cream Gabapentin, Ketoprofen, and Tramadol is not medically necessary.