

Case Number:	CM14-0186411		
Date Assigned:	11/14/2014	Date of Injury:	04/10/2003
Decision Date:	01/05/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/10/2014

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 Practice 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 54-year-old male claimant to sustained a work injury on April 10, 2003 involving the left shoulder, both elbows and both wrists. He was diagnosed with bilateral ulnar neuropathy and bilateral carpal tunnel syndrome. He had undergone two left shoulder surgeries including a distal clavicle resection, acromioplasty, ligament resection and bursa resection. A progress note on October 15, 2014 indicated the claimant had increasing pain in the neck and shoulders for the past month. He had been on Norco and Gabapentin. Exam findings were notable for left shoulder muscle spasms and tenderness to palpation in the left medial elbow. There was a prior request to apply a topical compound of ketoprofen/gabapentin hand lidocaine powder combination for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of compound drug #240 includes ketoprofen pow, gabapentin pow, lidocaine pow, steril water sol, ethoxy ethnl liq, dimethyl sol and versatile cream base.:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin is not recommended by the guidelines due to lack of clinical evidence. Since Gabapentin is not medically necessary the compound above is not medically necessary.