

Case Number:	CM14-0199596		
Date Assigned:	12/10/2014	Date of Injury:	02/23/2013
Decision Date:	01/22/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab 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 28 year-old patient sustained an injury to her right upper extremity on 2/23/13 from a slip and fall on waxed floors while employed by [REDACTED]. Request(s) under consideration include Topical cream: Gabapentin, Ketoprofen, Tramadol and Xanax 1mg #60. Diagnoses include neck sprain; iliofemoral sprain; lumbar sprain; and shoulder and upper strains/sprains s/p left shoulder arthroscopic repair with SAD, partial distal claviclectomy and placement of pain pump with SCOI brace in 90 degrees abduction on 7/18/14. Conservative care has included medications, aquatic therapy, Trigger point injections, and modified activities/rest. Medications list Gabapentin, Naproxen, Norco, Prilosec, Xanax, Ibuprofen, Norco, and topical compound cream containing Gabapentin, Ketoprofen, and Tramadol. The patient continues to treat for chronic ongoing symptoms. Reports of 8/20/14 and 10/23/14 noted continued neck, bilateral shoulder, lower back, and hip pain. Exam remained unchanged with patient remaining on TTD status. Medications were refilled. The request(s) for Topical cream: Gabapentin, Ketoprofen, Tramadol and Xanax 1mg #60 were non-certified on 11/13/14 citing guidelines criteria and lack of medical necessity.

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 Analgesics Page(s): 111, 112, 113.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, anti-convulsant, and opioid over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 3 concurrent anti-inflammatories, Naproxen, Ibuprofen and topical compounded Ketoprofen posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of concurrent use of same opioid in oral and topical formulary of Tramadol along with another short-acting opioid, Norco; and same anti-seizure medications of Gabapentin also in two formularies as oral and topical forms for this chronic injury without improved functional outcomes attributable to their use. The Topical cream: Gabapentin, Ketoprofen, Tramadol is not medically necessary and appropriate.