

Case Number:	CM14-0203938		
Date Assigned:	12/16/2014	Date of Injury:	01/10/2007
Decision Date:	02/03/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/05/2014

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 patient sustained an injury on 1/10/07 while employed by [REDACTED]. Request(s) under consideration include RX 10/1/14 Topical Creams of Gabapentin, Ketoprofen, Tramadol. Diagnoses include bilateral shoulder RC tear/ post traumatic arthrosis; s/p ACDF at C5-7; s/p lumbar fusion at L4-S1; and anxiety/depression/ insomnia. MRI of right shoulder dated 9/16/13 showed supraspinatus tear, unconfirmed partial or full; partial infraspinatus tear; capsulitis and effusion. Conservative care has included medications, therapy, and modified activities/rest. Report from the provider noted chronic neck, mild low back, and shoulder pain. Exam showed unchanged decreased bilateral shoulder range with pain; negative SLR while sitting and positive while supine. Treatment included continuing with medications. The request(s) for RX 10/1/14 Topical Creams of Gabapentin, Ketoprofen, Tramadol was non-certified on 10/30/14 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:

RX 10/1/14 Topical creams of Gabapentin, Ketoprofen, Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Anti-Epilepsy Drugs/Gabapentin; Gabapentin Page(s): 111-113; 18-19; 112-113.

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 spinal and multiple joint pain 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 anti-epileptic, NSAID, and opioid over oral formulation for this chronic injury of without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this anti-epileptic, NSAID, and opioid for this chronic injury without improved functional outcomes attributable to their use. It is also unclear why the patient is being prescribed 2 concurrent opioid, oral Norco and topical Tramadol and same anti-epileptic in oral and topical formulation posing an increase risk profile without demonstrated extenuating circumstances and indication. The request for RX 10/1/14 topical cream of Gabapentin, Ketoprofen, Tramadol is not medically necessary and appropriate.