

Case Number:	CM14-0204112		
Date Assigned:	12/16/2014	Date of Injury:	10/15/2013
Decision Date:	02/04/2015	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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 33-year-old man who sustained a work-related injury on October 15, 2013. Subsequently, he developed chronic low back and neck pain. Prior treatments included: medication management and physical therapy. His medication regimen included Naprosyn, Prilosec, Tramadol ER, and topical creams. According to an orthopedic evaluation report dated September 18, 2014, the patient complained of neck, right shoulder, and mid and low back pain. his physical examination revealed slight guarding of the right shoulder, tenderness to palpation of the cervical spine and subacromial area, limited range of motion of the right shoulder, normal motor strength in the upper extremities, mildly positive impingement sign on the right, slight stiffness of the lower lumbar spine, limited range of motion of the lumbar spine, normal motor strength in the bilateral lower extremities, and limited range of motion .of the right knee. The patient was diagnosed with right shoulder sprain/strain, medial meniscus tear of the right knee, cervical sprain/strain, lumbar sprain/strain, right elbow contrusion sprain/strain, bilateral wrist sprain/strain, anxiety, insomnia, status post arthroscopic medial meniscectomy on January 17, 2014, and postoperative right knee fat pat inflammation. The provider requested authorization for topical cream Ketoprofen, topical cream Gabapentin, and topical cream Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Topical Cream: 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 Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS Chronic Pain Medical Treatment guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not recommended as a topical analgesic. Therefore, topical analgesic Gabapentin is not medically necessary.

Tramadol topical cream: 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 Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS in Chronic Pain Medical Treatment guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Tramadol cream is effective in chronic pain management. Furthermore, the injured worker is also using the oral form of Tramadol for the treatment of pain. Based on the above, Tramadol cream is not medically necessary.

Ketoprofen Topical Cream: 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 Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS in Chronic Pain Medical Treatment guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of the

component of Ketoprofen. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from first line pain medications. Based on the above, the use of Ketoprofen cream is not medically necessary.