

Case Number:	CM14-0055900		
Date Assigned:	06/16/2014	Date of Injury:	07/31/2013
Decision Date:	01/28/2015	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/07/2014

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 Internal Medicine 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:

The injured worker (IW) is a 62-year-old woman with a date of injury of July 31, 2013. The mechanism of injury was not documented in the medical record. The injured worker's diagnoses are left shoulder rotator cuff tear and adhesive capsulitis; left wrist and elbow sprain/strain; and cervical sprain/strain. The IW underwent a left shoulder extensive arthroscopic subacromial decompression, partial distal claviclectomy, manipulation under anesthesia, and pain pump placement on December 13, 2013. Pursuant to the progress note dated February 13, 2014, the IW complains of severe neck pain, shoulder pain, and moderate left elbow pain. The IW has been going to physical therapy two times a week for 6 weeks. The IW is taking Tramadol 50mg, Ibuprofen 800mg, and Ketoprofen, Gabapentin, and tramadol topical cream. Physical examination reveals tenderness to the left wrist and neck. The IW is able to sustain the 90-degree position of the left shoulder against resistance. Special tests, reflexes and sensation were normal to bilateral shoulders. The current request is for compound cream: Gabapentin-Ketoprofen-Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Gabapentin, Ketoprofen, Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, compound gabapentin, ketoprofen, tramadol is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not FDA approved. Topical gabapentin is not recommended. In this case, the worker is a 62-year-old woman with a date of injury July 31, 2013. The injured worker's diagnoses are rotator cuff tear and adhesive capsulitis; left wrist and elbow sprain/strain; and cervical sprain/strain. The treating physician requested topical compound gabapentin, ketoprofen and tramadol. Topical gabapentin is not recommended. Topical ketoprofen is not FDA approved. Any compounded product that contains at least one drug (gabapentin, ketoprofen) that is not recommended is not recommended. The documentation from the February progress note does not indicate the areas to which the topical analgesic is to be applied. Consequently, topical compound gabapentin, ketoprofen, tramadol is not recommended and not medically necessary.