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| <b>Case Number:</b>   | CM15-0005722 |                              |            |
| <b>Date Assigned:</b> | 01/20/2015   | <b>Date of Injury:</b>       | 09/09/2013 |
| <b>Decision Date:</b> | 03/13/2015   | <b>UR Denial Date:</b>       | 12/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/12/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 is a 51 year old male with a date of injury as 09/09/2013. The current diagnoses include right shoulder post-traumatic arthrosis of the acromioclavicular joint, right shoulder rotator cuff tear of the supraspinatus, cervical sprain/strain, right trigger thumb, right carpal tunnel syndrome, status post coronary artery disease stent, and anxiety. Previous treatments include medications and therapy. Physician's reports dated 11/17/2014 and 12/22/2014 were included in the documentation submitted for review. Report dated 12/22/2014 noted that the injured worker presented with complaints that included neck pain, right shoulder pain, and left shoulder pain. Current medication regimen included Norco, Prilosec, and Xanax. Physical examination of the neck and shoulder revealed decreased range of motion, tenderness, spasm, and trigger point. Physical examination of the right thumb showed tenderness. Treatment plan included refilling of medications and request for topical creams. The physician did not provide a rationale for the request. The injured worker is on temporary total disability. The utilization review performed on 12/17/2014 non-certified a prescription for topical creams Ketoprofen, Gabapentin and Tramadol based on medical necessity. The reviewer referenced the Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical creams Ketoprofen, Gabapentin and Tramadol:** 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): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and The Official Disability Guidelines, topical Ketoprofen, Gabapentin and Tramadol are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical gabapentin is not recommended. Topical ketoprofen is not FDA approved. In this case, the injured worker's working diagnoses are right shoulder post-traumatic arthrosis of the acromioclavicular joint; right shoulder rotator cuff tear of the supraspinatus, 30% complete with retraction; cervical sprain/strain, rule out HNP; right trigger thumb; right carpal tunnel syndrome; status post CAD stent 2/2014; and anxiety. Subjectively, the injured worker complains of neck pain and right shoulder pain that is severe. The left shoulder pain is mild but the right thumb pain is severe. Objectively, there is decreased range of motion in the shoulders bilaterally. Impingement test positive on the right. There is tenderness in the first dorsal compartment of his thumb. Tinels sign was positive. Any compounded product that contains at least one drug (topical gabapentin, topical ketoprofen) that is not recommended is not recommended. Consequently, topical Ketoprofen, Gabapentin and Tramadol are not recommended. Additionally, the percentage makeup for the respective creams is not on the request for authorization. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, topical Ketoprofen, Gabapentin and Tramadol are not medically necessary.