

<b>Case Number:</b>	CM15-0104152		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	02/02/2010
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old female, who sustained an industrial injury on 02/20/2010. Per documentation, the injured worker reported injury to cervical spine, right shoulder and right forearm while being employed. On provider visit dated 04/28/2015 the injured worker has reported neck pain with pain radiating into the right upper extremity and right shoulder area. On examination of cervical spine demonstrated diffuse tenderness to the right midline with pain on rotation to the right. Upper extremity examination demonstrated decreased range of motion. The diagnoses have included persistent right cervical radiculopathy secondary to cervical degenerative disc disease, cervical spine neural foraminal narrowing, C5-C6 on the right with cervical radiculopathy and status post right shoulder rotator cuff repair. Treatment to date has included surgical intervention and medication. MRI of the right shoulder on 03/12/2015 postsurgical changes of rotator cuff repair at the insertion of supraspinatus the tendon demonstrates mild tendinosis but appear intact without evidence of a superimposed tear. Mild tendonitis of the infraspinatus without evidence of a tear as noted, postsurgical changes at the biceps anchor, moderate tendinosis and evidence of a longitudinal spilt tear of the intra-articular portion of the tendon, post-surgical changes of acromioplasty. The provider requested Ketoprofen 10 Percent, Gabapentin 6 Percent, Bupivacaine 5 Percent, Fluticasone 1 Percent, Baclofen 2 Percent, Cyclobenzaprine 2 Percent, Clonidine .2 Percent and Hyaluronic Acid 2 Percent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 10 Percent, Gabapentin 6 Percent, Bupivacaine 5 Percent, Fluticasone 1 Percent, Baclofen 2 Percent, Cyclobenzaprine 2 Percent, Clonidine .2 Percent and Hyaluronic Acid 2 Percent: 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 Page(s): 111-113.

**Decision rationale:** The patient presents with pain affecting the cervical spine. The current request is for Ketoprofen 10 percent, Gabapentin 6 percent, Bupivacaine 5 percent, fluticasone 1 percent. The treating physician states in the report dated 4/28/15, "A prescription for the following was provided to the patient: Ketoprofen cream 10%." (27B) The MTUS guidelines state that topical analgesics are recommended as an option. On page 111, it states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines do not support the use of Gabapentin in topical formulation. In this case, the treating physician has prescribed a cream that is not recommended by MTUS guidelines. The current request is not medically necessary.