

<b>Case Number:</b>	CM15-0180310		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/19/2014
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 47 year old male patient who sustained an industrial injury on 1-19-14 from a slip and fall. The diagnoses include bilateral shoulder strain-sprain; bilateral shoulder tendinitis and tendinosis; bilateral shoulder rotator cuff tear; superior labrum anterior on posterior tear; cervical spine sprain-strain with bilateral upper extremity radiculopathy; thoracic spine sprain-strain; lumbar spine sprain-strain with left lower extremity radiculopathy and herniated nucleus pulposus; de Quevain's tenosynovitis, bilateral; bilateral carpal tunnel syndrome; rule out left ankle internal derangement; gastritis; insomnia. Per the doctor's note dated 7-20-15, he had complains of bilateral shoulder pain radiating to the arm with numbness and tingling and weakness on the left; neck pain; headaches; low back pain radiating to the left leg with numbness and tingling; bilateral wrist pain and hand pain radiating to the fingers with numbness and tingling; bilateral ankle and foot pain radiating to the toes with numbness; depression; sleep disturbances. The pain level was not enumerated. The physical examination revealed cervical spine-tenderness and pain with range of motion; the lumbosacral spine-tenderness to palpation with muscle spasms worse on the left, decreased range of motion with pain and bilateral lower extremity pain and paresthasias, left worse than right, straight leg raise accomplished with low back pain; bilateral shoulders-tenderness to palpation of rotator cuff muscles bilaterally, worse on the left, positive drop arm test bilaterally, decreased range of motion on the left; bilateral wrists-tenderness and positive Finkelstein's test bilaterally; left ankle-tenderness and end range pain with range of motion. The medications list includes naprosyn and topical compound cream. He has had multiple diagnostic studies including MRI of bilateral shoulder on 3-8-14 and

4-15-14, which revealed bilateral tendinitis and tendinosis, bilateral shoulder rotator cuff tear and superior labrum anterior on posterior tear; electromyography of bilateral upper extremities dated 1-14-15 with normal electromyography and nerve conduction study showing bilateral moderate carpal tunnel syndrome; left ankle MRI dated 7/9/2015. He has had 14 chiropractic therapy sessions; 5 sessions of acupuncture; 19 sessions of physiotherapy for this injury. In the progress note dated 7-20-15 the treating provider's plan of care included requests to continue acupuncture twice per week for six weeks to the left shoulder and low back and KGL: ketoprofen 15%, gabapentin 10%, Lidocaine 10%. The request for authorization dated 7-20-15 indicates to continue acupuncture, infrared, acupressure directed to the left shoulder and low back; KGL: ketoprofen 15%, gabapentin 10%, Lidocaine 10%. On 8-12-15 utilization review evaluated and non-certified the requests to continue acupuncture, infrared, acupressure directed to the left shoulder and low back twice per week for four weeks based on failure of prior acupuncture to relieve symptoms and with no benefit in terms of improvement in function; KGL: ketoprofen 15%, gabapentin 10%, Lidocaine 10% based on multiple ingredients with no proven efficacy for use in topical application and no indication of failure of first-line oral agents.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Continue Acupuncture, Infrared, Acupressure; 8 visits 2 times a week for 4 weeks, left shoulder and low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Continue Acupuncture, Infrared, Acupressure; 8 visits 2 times a week for 4 weeks, left shoulder and low back. MTUS guidelines Acupuncture Medical Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines "Acupuncture treatments may be extended if functional improvement is documented." The patient has had 14 chiropractic therapy sessions; 5 sessions of acupuncture; 19 sessions of physiotherapy for this injury. There is no evidence of significant progressive functional improvement from the previous acupuncture visits that is documented in the records provided. The medical records provided do not specify any intolerance to pain medications. The response to previous conservative therapy including physical therapy and chiropractic therapy is not specified in the records provided. The medical necessity of Continue Acupuncture, Infrared, Acupressure; 8 visits 2 times a week for 4 weeks, left shoulder and low back is not fully established in this patient at this time.

**KGL cream; Ketoprofen 15%, Gabapentin 10%, Lidocaine 10%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** KGL cream; Ketoprofen 15%, Gabapentin 10%, Lidocaine 10%  
Ketoprofen is a NSAID and gabapentin is an anti-convulsant. The Cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs: There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin and Ketoprofen are not recommended by MTUS for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of KGL cream; Ketoprofen 15%, Gabapentin 10%, Lidocaine 10% is not fully established for this patient.