

Case Number:	CM15-0197083		
Date Assigned:	10/12/2015	Date of Injury:	04/13/2011
Decision Date:	11/24/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/06/2015

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: Colorado

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 57 year old male who sustained a work-related injury on 4-13-11. Medical record documentation on 8-13-15 right knee medial meniscus tear plus chondromalacia of the patella, left knee overuse syndrome plus chondromalacia of the patella, bilateral shoulder posttraumatic arthrosis of the acromioclavicular joints secondary to overuse, cervical C5-6 herniated nucleus pulposus of 4 mm, right wrist sprain, status post arthroscopic medial meniscectomy and chondroplasty patella of the right knee, status post left shoulder arthroscopic decompression and partial claviclectomy, status post right shoulder arthroscopic subacromial decompression and partial distal claviclectomy. Patient reported that he had almost completed physical therapy on the right shoulder. He was status post right shoulder surgery in March 2015. Patient reported moderate shoulder pain on the right and the left and reported moderate neck pain. He had not been working. He had been using topical creams including ketoprofen, gabapentin and Tramadol and had stopped using Norco. Objective findings included cervical spine stiffness and restricted range of motion. His bilateral shoulder range of motion was restricted in all directions and he reported pain with shoulder range of motion. His bilateral wrist range of motion was within normal limits. His treatment plan included completion of physical therapy, renewal of Xanax, Prilosec, and his topical creams of Ketoprofen, Gabapentin and Tramadol (used since at least 5-28-15). He was to continue use of his X-force with Solar Care device, which had significantly reduced his pain. He would be using just the topical creams and avoiding oral medications as much as possible. On 9-23-15, the Utilization Review physician determined topical cream gabapentin 30 grams and topical cream ketoprofen 30 grams were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream Gabapentin 30gm: Upheld

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

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

Decision rationale: Per the MTUS Guidelines, topical analgesics may be indicated for specific conditions when other therapies have failed. However, the guidelines make it clear that if a drug or drug class in a given topical compound is "not recommended," then the entire compounded topical is not recommended. Per the MTUS Guidelines, Gabapentin topical is not recommended. No studies support its use in topical preparations. As Gabapentin topical has no evidence based support for its use and the MTUS indicates it is "not recommended," then the topical Gabapentin preparation is not medically necessary.

Topical Cream Ketoprofen 30gm: Upheld

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

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

Decision rationale: Per the MTUS Guidelines, topical analgesics are largely experimental, but may be indicated for specific conditions when other therapies have failed. However, the guidelines make it clear that if a drug or drug class in a given topical compound is "not recommended," then the entire topical treatment is not recommended. Topical Non-steroidal anti-inflammatory drugs have been studied, but only short term in small numbers, so no substantive evidence supports long-term use. Use of topical non-steroidal anti-inflammatory drugs can be recommended, after first line therapies fail, for less than 12 weeks, for treatment of osteoarthritis, specifically related to the knee or elbow. No consistent quality evidence exists to use topical non-steroidal anti-inflammatory drugs for treatment of osteoarthritis of the spine, hip or shoulder, or for treatment of neuropathic pain, including radiculopathy. The only FDA-approved Topical Non-steroidal anti-inflammatory agent is Voltaren Gel 1% (diclofenac). The records from the treating physician do not indicate that patient has had a trial of first line therapies for neuropathic pain (Tricyclic Antidepressants, SNRI Antidepressants or Anti-epilepsy drugs). Patient has multiple sources of pain, neuropathic and nociceptive, and the records do not indicate exactly where and how patient is to use the topical analgesics. It is therefore unclear if patient is using topical analgesics for neuropathic pain and/or arthritis, and it is unclear which joints are to be treated with topicals. Furthermore, it appears that patient has been using topical analgesics for at least 12 weeks at this point, possibly longer. As Ketoprofen topical analgesic is

not FDA approved, and as the MTUS has specific criteria for use of topical NSAID analgesics that this patient does not meet, the Ketoprofen topical analgesic is not medically necessary.