

Case Number:	CM15-0222474		
Date Assigned:	11/18/2015	Date of Injury:	08/15/2014
Decision Date:	12/24/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/12/2015

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

Certification(s)/Specialty: Emergency 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 43 year old female, who sustained an industrial injury on 8-15-2014. The injured worker is undergoing treatment for: neck pain, lumbar pain, right shoulder strain, right hand contusion, right hand strain, right wrist contusion and strain. On 8-25-15, she reported neck pain rated 7-8 out of 10 with radiation to the upper back, bilateral periscapular areas and bilateral shoulders with associated numbness and tingling in the back of the neck, upper back and shoulders; right shoulder pain rated 6-7 out of 10 with associated numbness and tingling in the periscapular regions and upper arms; upper-mid back pain rated 8 out of 10 with radiation into the neck, base of head, upper back, bilateral periscapular areas and bilateral shoulders and associated with numbness and tingling in the back of neck, upper back and shoulders; right hand and wrist pain rated 6-7 out of 10 with associated numbness and tingling of the hand and fingers; and frequent headaches rated 8-9 out of 10. Physical examination revealed stiffness in posture and movement, tenderness, spasm and trigger points in the neck and decreased neck range of motion; tenderness and trigger points in the shoulders; tenderness in the wrists. The treatment and diagnostic testing to date has included MRI of the right wrist (9-16-15), MRI of the cervical spine (9-2-15), MRI of the right shoulder (9-9-15), electrodiagnostic studies (6-3-15, 8-26-15), multiple physical therapy sessions, cubital comfort brace, and medications. Medications have included tramadol, Naprosyn, Prilosec, Xanax, and Flexeril. Topical creams of ketoprofen, gabapentin and tramadol are noted to try to minimize intake of pills. Current work status: modified. The request for authorization is for topical cream ketoprofen-gabapentin-tramadol. The UR dated 10-13-2015: non-certified the request for topical cream ketoprofen-gabapentin-tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream: Ketoprofen, Gabapentin and Tramadol: 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: The requested Topical Cream: Ketoprofen, Gabapentin and Tramadol, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has neck pain rated 7-8 out of 10 with radiation to the upper back, bilateral periscapular areas and bilateral shoulders with associated numbness and tingling in the back of the neck, upper back and shoulders; right shoulder pain rated 6-7 out of 10 with associated numbness and tingling in the periscapular regions and upper arms; upper-mid back pain rated 8 out of 10 with radiation into the neck, base of head, upper back, bilateral periscapular areas and bilateral shoulders and associated with numbness and tingling in the back of neck, upper back and shoulders; right hand and wrist pain rated 6-7 out of 10 with associated numbness and tingling of the hand and fingers; and frequent headaches rated 8-9 out of 10. Physical examination revealed stiffness in posture and movement, tenderness, spasm and trigger points in the neck and decreased neck range of motion; tenderness and trigger points in the shoulders; tenderness in the wrists. The treating physician has not documented trials of antidepressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Topical Cream: Ketoprofen, Gabapentin and Tramadol is not medically necessary.