

Case Number:	CM14-0000068		
Date Assigned:	01/10/2014	Date of Injury:	07/24/2012
Decision Date:	06/05/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/31/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47 year old female who reported an injury from 07/01/2011 to 07/14/2012 secondary to a cumulative trauma. An MRI of the right and left hips on 02/08/2013 revealed potential osteoporotic changes. The injured worker attended at least 13 sessions of acupuncture from 05/21/2013 through 08/07/2013. An MRI of the lumbar spine on 08/23/2013 revealed a posterior disc bulge at L5-S1 with compromise of the exiting nerve roots bilaterally. A nerve conduction study of the upper extremities on 08/28/2013 revealed minimal primary sensory demyelinating right carpal tunnel syndrome. An EMG of the upper and lower extremities and a nerve conduction study of the lower extremities completed the same date were normal. The injured worker completed an unknown number of physical therapy sessions between 08/21/2013 and 09/16/2013 and was noted to have improved range of motion and decreased pain in the right shoulder and wrist as well as increased right wrist strength. She was evaluated on 10/22/2013 and reported 6/10 right shoulder pain, 5/10 right wrist pain, and 5/10 low back pain. Medications at that time were noted to include Tramadol 150mg ER as needed and Naprosyn 550 mg twice a day. On physical exam, she was noted to have limited range of motion of the right shoulder as well as decreased sensation in the right wrist. She was also noted to have positive Tinel's, Phalen's, and Compression tests on the right side as well as positive straight leg raises bilaterally. The injured worker was diagnosed with right shoulder rotator cuff tear, right carpal tunnel syndrome, lumbar herniated nucleus pulposus with right sciatica, and right hip pain referred from the lumbar area. It was noted that she had been treated previously with injections in the right shoulder, right wrist, and back which "did not help her much." A request for authorization was submitted on 10/22/2013 for the following topical creams: ketoprofen, gabapentin, and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN/GABAPENTIN/TRAMADOL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines state that ketoprofen has an extremely high incidence of photocontact dermatitis is not currently approved for a topical application. Topical gabapentin is not recommended as there is no peer-reviewed literature to support its use, and there is no evidence for use of any other antiepilepsy drug as a topical product. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested creams contain at least one drug that is not recommended. As such, the request for ketoprofen/gabapentin/tramadol is not medically necessary.