

Case Number:	CM14-0130197		
Date Assigned:	09/03/2014	Date of Injury:	11/05/2013
Decision Date:	09/26/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/14/2014

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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 60-year-old male with an 11/5/13 date of injury. At the time (7/22/14) of the request for authorization for Ketoprofen, Gabapentin and Tramadol Tropical Cream DOS 7/22/14, there is documentation of subjective (severe right shoulder, severe low back, and moderate neck pain) and objective (right shoulder tenderness in the acromioclavicular joint specially, impingement tests were positive, decreased right shoulder range of motion,, decreased back range of motion) findings, current diagnoses (cervical sprain/strain with C4 spurring, right shoulder posttraumatic arthrosis of the acromioclavicular joint, rule out rotator cuff tear, and lumbar sprain/strain with L5-S1 degenerative joint disease), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen, Gabapentin and Tramadol Tropical Cream DOS 7/22/14: 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 MTUS Chronic Pain Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain with C4 spurring, right shoulder posttraumatic arthrosis of the acromioclavicular joint, rule out rotator cuff tear, and lumbar sprain/strain with L5-S1 degenerative joint disease. However, the requested Ketoprofen, Gabapentin and Tramadol Tropical Cream DOS 7/22/14 contains at least one drug (Ketoprofen and Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.