

Case Number:	CM14-0178601		
Date Assigned:	10/31/2014	Date of Injury:	07/18/2011
Decision Date:	12/24/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/28/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 48-year-old male with a 7/18/11 date of injury. At the time (9/24/14) of request for authorization for Ibuprofen 600mg #60 refills 1 and GabaKetoLido cream #240gm Refills 1, there is documentation of subjective (right shoulder pain, right hand/wrist pain, and right elbow pain) and objective (guarding of the right upper extremity, tenderness to palpation at the right elbow, and weakness throughout the right upper extremity) findings, current diagnoses (right shoulder dislocation, right supraspinatus tendonitis, severe right carpal tunnel syndrome, and right elbow ulnar neuropathy), and treatment to date (medications (including ongoing treatment with Hydrocodone)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #60 refills 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back

pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of diagnoses of right shoulder dislocation, right supraspinatus tendonitis, severe right carpal tunnel syndrome, and right elbow ulnar neuropathy. In addition, there is documentation of pain. Therefore, based on guidelines and a review of the evidence, the request for Ibuprofen 600mg #60 refills 1 is medically necessary.

GabaKetoLido cream #240gm Refills 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: MTUS Chronic Pain Medical Treatment 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 right shoulder dislocation, right supraspinatus tendonitis, severe right carpal tunnel syndrome, and right elbow ulnar neuropathy. However, the requested GabaKetoLido cream #240gm contains at least one drug (Gabapentin, Ketoprofen, and Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for GabaKetoLido cream #240gm Refills 1 is not medically necessary.