

<b>Case Number:</b>	CM14-0214139		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	09/11/2009
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: Physical Medicine & Rehabilitation

### 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 patient is a 39 year old female with an injury date on 9/11/09. The patient complains of constant right shoulder pain that is improving, rated 7/10, and constant right wrist/hand pain that is unchanged, rated 5/10 per 11/21/14 report. The right shoulder pain is aggravated by forward reaching, lifting, pushing, pulling, and working at or above shoulder level per 10/17/14 report. The right hand/wrist pain is aggravated by repetitive motions, gripping, grasping, pulling, pushing, and lifting per 10/17/14 report. Based on the 11/21/14 progress report provided by the treating physician, the diagnoses are: 1. De Quervains/radial styloid tenosynovitis 2. Shoulder region Dis s/p surgery A physical exam on 11/21/14 showed "right shoulder range of motion has reproducible symptomatology with internal rotation and forward flexion. Right wrist/hand has full but painful range of motion." The patient's treatment history includes medications, X-rays (unspecified), work modifications. The treating physician is requesting flurbiprofen 10% quantity of 120; ketoprofen 19# quantity of 120; gabapentin 10% quantity of 120. The utilization review determination being challenged is dated 12/10/14. The requesting physician provided treatment reports from 1/7/14 to 11/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Flurbiprofen 10% quantity of one hundred and twenty (120); Ketoprofen 19#, quantity of one hundred and twenty (120); Gabapentin 10% quantity of one hundred and twenty (120).:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine, Salicylate Topicals Page(s): 111-113,105.

**Decision rationale:** This patient presents with right shoulder pain, right wrist pain. The treater has asked for flurbiprofen 10% quantity of 120; ketoprofen 19# quantity of 120; gabapentin 10% quantity of 120 but the requesting progress report is not included in the provided documentation. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the patient presents with a chronic pain condition. Regarding the requested topical cream, MTUS does not recommend Gabapentin for topical use. As topical Gabapentin is not indicated, the entire compounded cream is also not indicated for use. The request IS NOT medically necessary.