

Case Number:	CM14-0214995		
Date Assigned:	01/07/2015	Date of Injury:	06/24/2012
Decision Date:	03/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	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: New York
 Certification(s)/Specialty: Internal 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 claimant is a 61 yo female who sustained an industrial injury on 6/24/12. The mechanism of injury occurred when she injured her right forearm and elbow when she pulled on a stick for a hydraulic cutter. Her diagnoses include neck, right elbow, right shoulder and right forearm pain. Per the evaluation performed 9/3/2014 she continues to complain of 8/10 neck pain and 6/10 right shoulder pain. On physical exam there is decreased range of cervical spine motion with pain and palpable paravertebral muscle spasm. Spurling's test and axial load test were positive. There is decreased sensation in the C6-C7 dermatome on the right. Examination of the shoulder revealed a positive Hawkin's test and positive impingement sign. Treatment has included medical therapy, physical therapy, chiropractic treatment, and acupuncture. The treating provider has requested a topical compound of Flurbiprofen, Ketoprofen, and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound (Flurbiprofen, Ketoprofen, and Gabapentin): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case Ketoprofen and Gabapentin are not FDA approved for topical application and the NSAID, Flurbiprofen is a topical NSAID that has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either not afterward, or with diminishing effect over another two-week period. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.