MAXIMUS Federal Services

Case Number:	CM14-0218874		
Date Assigned:	01/08/2015	Date of Injury:	07/22/2013
Decision Date:	03/12/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/30/2014

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, Arizona
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 injured worker is a 59-year-old male who reported an injury on 07/22/2013. The mechanism of injury was not provided. On 01/13/2015, the injured worker presented with severe forearm pain and severe left hand pain. Indications included topical analgesics. The injured worker stated that physical therapy is not working. Much of this note is handwritten and largely illegible. The provider recommended topical creams, to include ketoprofen, gabapentin, and tramadol. There is no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

topical creams to include ketoprofen, gabapentin, and tramadol: Upheld

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

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

Decision rationale: The request for topical creams, to include ketoprofen, gabapentin, and tramadol, is not medically necessary. The California MTUS Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least 1 drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control, to include NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonist, and adenosine. There is little to no research to support the use of many of these agents. There is lack of documentation of the injured worker's failure to respond to an antidepressant or an anticonvulsant. There is no information on treatment history and length of time the injured worker has been prescribed this local analgesic. There is no information on increased function or decreased pain to support continued use. Additionally, the provider's request does not indicate the site at which the cream is indicated for, dose, or the frequency in the request as submitted. As such, medical necessity has not been established.