

<b>Case Number:</b>	CM15-0111884		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old male, who sustained an industrial injury on 8/20/12. The injured worker has complaints of left shoulder pain and neck pain and left leg and left-sided back symptoms. The documentation noted that he injured workers low back pain is moderate with radiation into the left leg. The documentation noted that there is sensation is good in the injured workers left hand but he does have weakness. The diagnoses have included L5-S1 (sacroiliac) herniated nucleus pulposus with first-degree spondylolisthesis and spondylosis of L5 bilaterally; degenerative disc disease of L3-4, L4-5 and L5-S1 (sacroiliac); left carpal tunnel syndrome and left shoulder and left shoulder impingement. Treatment to date has included fusion of L4-5 and L5-S1 (sacroiliac); decompression surgery and partial claviclectomy in May of 2013; carpal tunnel release on the left hand; escitalopram; tramadol; gabapentin and he uses a cane to ambulate. The request was for unknown prescription of ketoprofen, gabapentin, tramadol topical cream and 1 Functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of Ketoprofen, Gabapentin, Tramadol topical cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work-related injury in August 2012 and continues to be treated for left upper extremity and low back pain with lower extremity radiating symptoms. When seen, there was decreased spinal range of motion. Left grip strength was decreased. There were muscle spasms. Recommendations included an epidural steroid injection and physical therapy. He was continued at temporary total disability. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photo contact dermatitis. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac, which could be considered as a treatment option. There is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. The requested compounded medication was not medically necessary.

**1 Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, Functional capacity evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p63-64.

**Decision rationale:** The claimant sustained a work-related injury in August 2012 and continues to be treated for left upper extremity and low back pain with lower extremity radiating symptoms. When seen, there was decreased spinal range of motion. Left grip strength was decreased. There were muscle spasms. Recommendations included an epidural steroid injection and physical therapy. He was continued at temporary total disability. A Functional Capacity Evaluation is an option for select patients with chronic pain. However, in this case, the claimant has been referred for additional physical therapy treatments and an epidural steroid injection. There is no return to work plan. He is not considered at maximum medical improvement and requesting a Functional Capacity Evaluation at this time is not medically necessary.