

<b>Case Number:</b>	CM15-0113258		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	06/08/2011
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 62 year old female who sustained an industrial injury on 06/03/2015. Mechanism of injury occurred in his job as a security administrator. He had a fall responding to an alarm. He fell forward and landed on both upper extremities resulting in right wrist contusion and left shoulder strain. Diagnoses include left shoulder post-traumatic arthritis of the acromioclavicular joint, status post rotator cuff repair of the left shoulder, status post prior arthroscopic surgery of the left shoulder-failed, persistent pain in the left shoulder, right wrist probable non-union of the distal radius styloid area, anxiety and insomnia. Treatment to date has included diagnostic studies, 2 shoulder surgeries, and medications. He continues to work regular duty. A physician progress note dated 05/05/2015 documents the injured worker has pain rated 0-4 on the right and rates his pain on the left a 2-4 especially in the subacromial area and the anterior acromioclavicular joint area. His right wrist is tender dorsally and it hurt more as it was palmar flexed. The treatment plan included a right wrist brace, Ibuprofen 100mg #100, and a recommendation for a third shoulder surgery. A urine drug screen was also obtained, and topical creams were renewed. Treatment requested is for Ketoprofen/Gabapentin/Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen/Gabapentin/Tramadol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin is not recommended due to lack of evidence. In addition, topical Ketoprofen is an NSAID, which is indicated for arthritis and can reach systemic levels similar to oral NSAIDS. The claimant was on oral NSAIDS and did not have arthritis. Since the compound above contains these topical medications, the compound in question is not medically necessary.