

Case Number:	CM15-0120397		
Date Assigned:	07/01/2015	Date of Injury:	03/20/2012
Decision Date:	08/31/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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 injured worker is a 58-year-old, female who sustained a work related injury on 3/20/12. The diagnoses have included cervical strain/sprain; rule out herniated nucleus pulposus, right shoulder strain/sprain with partial tear of the supraspinatus tendon and acromioclavicular joint and post arthrosis, lumbar strain/sprain, rule out herniated nucleus pulposus, right wrist strain/sprain and anxiety. Treatments have included psychotherapy, medications, medicated creams, heat therapy, massage therapy and physical therapy. In the Orthopedic Reevaluation dated 5/4/15, the injured worker complains of severe neck and right shoulder pain and mild right wrist and lower back pain. She has limited range of motion in neck. She has pain that goes down the right paracervical region into her right shoulder and arm. She has decreased range of motion in right shoulder. She is not working. The treatment plan includes renewal prescription for medication and medicated creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin, Ketoprofen, Tramadol (Compound Creams 3 Creams): Upheld

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

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

Decision rationale: Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental." Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "Gabapentin is not recommended. There is no peer-reviewed literature to support use." Ketoprofen: "this agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." No information noted on topical use of Tramadol in a cream base. Since there are medications not recommended in these requested topical analgesic creams, the requested treatments of medicated creams consisting of Tramadol, Gabapentin and Ketoprofen are not medically necessary.