

Case Number:	CM15-0061463		
Date Assigned:	04/07/2015	Date of Injury:	10/28/2012
Decision Date:	05/21/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/01/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 female who sustained an industrial injury on 10/28/12. The mechanism of injury is unclear. She complains of right shoulder pain with pain level of 9/10. She maintains her activities of daily living, the recommended exercise level and range of motion with current medication use. Her right shoulder range of motion is limited. She has decreased spasms of the cervical trapezius. Medications are Tramadol, hydrocodone, naproxen, pantoprazole, cyclobenzaprine. Diagnoses include full thickness rotator cuff tear, right knee; acromioclavicular osteoarthropathy, right. Treatments to date include medications, transcutaneous electrical nerve stimulator unit. The requested treatment is for compounded ketoprofen/ gabapentin/ bupivacaso/baclofen day supply: 25: 300 refills. There is no documentation, regarding this compounded medication, for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cmpd-ketoprofe/gabapenti/bupivacai/fluticaso/baclo day supply: 25 Qty: 300 Refills: 3 Rx Date: 03/12/2015: 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 section Page(s): 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. These guidelines report that topical ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. The request for Cmpd-ketoprofe/gabapenti /bupivacai/ fluticaso/baclo day supply: 25 Qty: 300 Refills: 3 Rx Date: 03/12/2015 is considered to not be medically necessary.