

<b>Case Number:</b>	CM15-0071766		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: 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 54 year old female, who sustained an industrial/work injury on 4/24/12. She reported initial complaints of left shoulder, bilateral wrists, bilateral knees, ankle, and back pain. The injured worker was diagnosed as having left shoulder rotator cuff tear, labrum tear, s/p surgical repair, right shoulder impingement syndrome, cervical spine pain, cervical disc displacement, cervicogenic headache, cervical sensory disturbance and radiculopathy, lumbar spine pain and late effects of sprain/strain, lumbar disc displacement, cervical and lumbar myofascitis, bilateral knee pain, and right ankle pain. Treatment to date has included medication, diagnostics, psychological evaluation/psychotherapy, surgeries to left shoulder, physical therapy, and chiropractic therapy. MRI results were reported on 11/25/14. Currently, the injured worker complains of left shoulder, bilateral wrists, bilateral knees, and low back pain. Per the chiropractic panel report on 1/26/15, examination noted marked tenderness with palpation at the bilateral cervical paraspinal musculature, upper trapezium levator scapula, and suboccipital musculature. Range of motion was limited to the cervical spine and back. Local pain was provoked by bilateral shoulder depression. Straight leg raise was positive, bilaterally. The shoulders had limited range of motion. Neer's test was positive and left Codman's test was positive. There was moderate tenderness along the right calf and medial ankle. The requested treatments include Topical compound creams Ketoprofen, Gabapentin, and Tramadol and Functional capacity evaluation (FCE).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound creams Ketoprofen, Gabapentin, and Tramadol:** Upheld

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

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other anti-epilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records document a history of left shoulder surgery, bilateral knee complaints, and wrist sprain and strain, left shoulder rotator cuff tear and labrum tear, right shoulder impingement, cervical spine complaints, lumbar spine complaints. Date of injury was 4/24/12. MTUS guidelines do not support the use of topical products containing Gabapentin. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a topical analgesic containing Gabapentin is not supported by MTUS guidelines. Therefore, the request for compounded topical cream containing Gabapentin, Ketoprofen, and Tramadol is not medically necessary.

**Functional capacity evaluation (FCE):** 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), Integrated Treatment/Disability Duration Guidelines, Guidelines for performing an FCE.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examinations and Consultations Pages 137-138.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses functional capacity evaluation (FCE). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 1 Prevention (Page 12) states that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ACOEM Chapter 7 Independent Medical Examinations and Consultations (Pages 137-138) states that there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace. The medical records document a history of left shoulder surgery, bilateral knee complaints, and wrist sprain and strain, left shoulder rotator cuff tear and labrum tear, right

shoulder impingement, cervical spine complaints, lumbar spine complaints. Date of injury was 4/24/12. MTUS and ACOEM guidelines do not support the medical necessity of a functional capacity evaluation (FCE). Therefore, the request for functional capacity evaluation (FCE) is not medically necessary.