

<b>Case Number:</b>	CM13-0034665		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/13/1990
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 71 year old male who reported an injury on 01/01/1990. The mechanism of injury was a fall. He was initially prescribed medications and a course of physical therapy, and returned to work with restrictions. The patient continued to experience multiple injuries related to his job duties, all of which were exacerbated by prolonged walking and standing. He has received several other courses of physical therapy over the years as well as a right arthroscopic knee surgery in 2012 and a right shoulder surgery in 2013, all with reported benefit. As a result of his chronic symptoms, the patient has developed depression and anxiety, and continues to experience pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tram/Gab/Menth/Camp/Cap cream, 180 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS Guidelines recommend the use of topical analgesics as a secondary treatment for neuropathic

pain after antidepressants and anticonvulsants have failed. The request indicates that the cream consists of tramadol, gabapentin, menthol, capsaicin, and another product. According to guidelines, topical gabapentin is not recommended. Guidelines state that if any one product in a compounded medication is not recommended, then the entire compounded product is not recommended. Therefore, the request for Tram/Gab/Menth/Camp/Cap cream is non-certified.