

<b>Case Number:</b>	CM13-0036809		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	12/08/2008
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 and 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 male that sustained an injury on 12/8/08 while employed by [REDACTED]. The requests under consideration include Topical Amitriptyline/ Tramadol/ Dextromethorphan compound, Topical Gabapentin/ Ketoprofen/ Lidoderm compound. The report of 9/10/13 from [REDACTED] noted the patient with complaints of right shoulder, cervical and thoracic spine pain; doing home exercises and taking medicines to include Naprosyn and Vicodin which decreased the pain. The claimant is requesting for topical compounds refills. The exam showed cervical spine with tenderness over one-third of paraspinous muscles with decreased range; shoulder with tenderness over posterior and AC articulation with decreased range. The diagnoses included cervical spine sprain/strain and s/p right shoulder surgery, date unknown. The treatment plan included refill of Naprosyn, Vicodin and 2 compound topical analgesics above which were non-certified on 10/8/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline/Tramadol/Dextromethorphan compound:** 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:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications with the patient continuing on oral Naprosyn and Vicodin. The submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. The Topical Amitriptyline/ Tramadol/ Dextromethorphan compound is not medically necessary and appropriate.â¿¿

**Gabapentin/Ketoprofen/Lidoderm compound:** 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:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications with the patient continuing on oral Naprosyn and Vicodin. The submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic. The topical Gabapentin/Ketoprofen/Lidoderm compound is not medically necessary and appropriate.â¿¿