

<b>Case Number:</b>	CM13-0048727		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/07/2011
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 53-year-old female who reported an injury on 02/07/2011. The patient is currently diagnosed with cervical disc syndrome, bilateral shoulder rotator cuff syndrome, lateral epicondylitis, medial epicondylitis, right wrist sprain, rule out carpal tunnel syndrome, right 2nd and 3rd digit trigger finger, low back syndrome, and left knee meniscal tear. The only updated Primary Treating Physician's Progress Report submitted for this review is a 06/11/2013 orthopedic followup examination by [REDACTED]. The patient presented with complaints of 7/10 neck pain, bilateral shoulder pain, bilateral elbow pain, lower back pain, and right knee pain. Physical examination revealed tenderness to palpation with spasm in the cervical spine, slightly decreased cervical extension, positive shoulder impingement test bilaterally, tenderness to palpation in the rotator cuff muscles bilaterally, decreased shoulder range of motion bilaterally, tenderness to palpation with spasm in the lumbar spine, decreased lumbar range of motion, and decreased strength. Treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded cream with tramadol/gabapentin/menthol/camphor/capsaicin/Ultraderm:**  
Upheld

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

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of neuropathic pain upon physical examination. There is also no evidence of failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Furthermore, gabapentin is not recommended as there is no peer reviewed literature to support its use. California MTUS Guidelines further state any compounded product that contains at least one drug that is not recommended is not recommended as a whole. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.

**Compounded cream with Flurbiprofen/cyclobenzaprine/Ultraderm:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Muscle relaxants are not recommended as there is no evidence for the use of any muscle relaxant as a topical product. There is no evidence of failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Furthermore, California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended is not recommended as a whole. Therefore, based on the clinical information received and California MTUS Guidelines, the request is non-certified.