

<b>Case Number:</b>	CM13-0050777		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/03/2009
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Illinois. 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 48-year-old female who reported a work related injury on 09/03/2009 as the result of a fall. Subsequently, the patient is status post a 2 level fusion of the L4-S1 as of 05/03/2011. The patient presents for treatment of the following diagnoses, head pain, cervical spine sprain/strain with radiculitis, cervical spine disc protrusion, thoracic spine strain, lumbar spine disc protrusion, status post lumbar spine surgery as of 05/2011, chronic back pain, abdominal pain, bilateral shoulder sprain/strain, left shoulder tendonitis, bilateral elbow lateral medial epicondylitis, status post left elbow surgery with residuals, bilateral knee strain/sprain, left knee patellar tendinosis, right patellofemoral arthralgia, right ankle strain/sprain, NSAID induced gastropathy, peptic ulcer disease, hypertension, depression, sleep disturbance. The provider documented upon physical exam of the patient on the clinical note dated 10/02/2013 under the care of [REDACTED] that the patient had tenderness upon palpation throughout. The provider prescribed the patient TGHOT and tramadol 50 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Tramadol/Gabapentin powder/Menthol/Camphor/Capsaicin/Ultraderm:** Upheld

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

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

**Decision rationale:** The clinical notes fail to document evidence to support the requested use of topical analgesics of the patient. California MTUS indicates a lack of support with topical applications of gabapentin and tramadol. California MTUS additionally indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Given all of the above, the request for retro Tramadol/Gabapentin powder/Menthol/Camphor/Capsaicin/Ultraderm is not medically necessary or appropriate.