

<b>Case Number:</b>	CM13-0053234		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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. The expert reviewer is Board Certified in Emergency Medicine 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 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/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 female with reported date of injury on 4/18/2013. No mechanism of injury was provided for review. Patient has a diagnosis of lumbar spondylosis with myelopathy, carpal tunnel syndrome, cervical disc herniation with myelopathy, tendinitis/bursitis of bilateral wrist, R thoracic outlet syndrome, tendinitis of R shoulder with partial tear of rotator cuff. Patient is post cervical discectomy and fusion at C5-6 and C6-7(7/1/11) Medical reports reviewed. Last report reviewed until 11/1/13. Request for the services being reviewed was done on 10/2/13 but progress notes were sent until 9/6/14. Recent notes were not reviewed since prospective data does not retrospectively change the criteria used for review as per MTUS guidelines. Patient complains of bilateral wrist pains that are moderate and stiff. Worsens with gripping. Patient also complains of cervical spine pain that is moderate and dull radiating to R shoulder blade. Patient also complains of low back pain that is moderate to severe worsened by prolonged sitting. Patient has R shoulder pains as well. Objective exam reveals cervical spine tenderness and spasms from C2-C7 and bilateral sub occipital and bilateral upper shoulder pain. Range of motion (ROM) is mostly intact except for R bending and bilateral rotation that is limited by pain. Positive for axial, distraction and shoulder depression test. Lumbar spine exam shows decreased ROM with spasms and tenders from L1-S1 with L piriformis trigger point. Positive for Kemp, Braggard's, Yeoman's and R sided straight leg raise. Shoulder exam revisals spasms and tenderness to R rotator cuff muscles with limited ROM due to pain. Bilateral wrist exam reveals decreased bilateral median nerve sensation and positive Tinel's and Phalen's bilaterally. X-ray of cervical spine (8/16/11) revealed postoperative spinal fusion from C5-7 with slight narrowing of C4-5 space with degenerative spurring. EMG/NCV (9/15/11) of R upper extremity showed mild R carpal tunnel syndrome. MRI of lumbar spine (9/13/13) revealed multilevel disc disease with central annulus rupture at L5-S1 and 3/9, posterior protruding osteophyte complex with 6.6 mm

L posterolateral protruding discal component. CT scan of cervical spine (10/6/12) reveals spinal fusion of C5-7. No medication list was provided for review. Independent Medical Review is for TGHOT (Tramadol 8%/Gabapentin 10%/Menthol 2%/Camphor 2%/Capsaicin .05%) #180mg, Glucosamine/Chondroitin supplement 1tab #60tabs and Tramadol 50mg #90. Prior UR on 10/18/13 recommended non-certification.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TGHOT (TRAMADOL 8 PERCENT GABAPENTIN 10 PERCENT MENTHOL 2 PERCENT CAMPHOR 2 PERCENT CAPSCALCIN .05 PERCENT) 180MG:** Upheld

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

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

**Decision rationale:** The requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." 1) Tramadol: As per MTUS Chronic pain guidelines, topical Tramadol is not an FDA approved application. It is a compounded off-label product. As per MTUS guidelines, only FDA approved products are recommended. Topical Tramadol has no good evidence for efficacy or safety. Topical compound tramadol is not medically necessary. 2) Gabapentin: As per MTUS guidelines, it is not recommended with no evidence to support its use as a topical product. 3) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. 4) Menthol/Camphor: There is no data on Menthol in the MTUS. Since multiple substances are not recommended; TGHOT is not medically necessary.

**GLUCOSAMINE/CHONDROITIN SUPPLEMENT 1 CAPSULE BY MOUTH #60:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** As per MTUS Chronic Pain Medical Treatment guideline, glucosamine has some evidence for arthritic knee pain. Studies has shown minimal to mild benefit for arthritic knee pain with minimal risks. There is no evidence to support its use in shoulder, elbow or spinal arthritis. Pt does not have reported knee arthritis. There is no evidence to support its use in this patient. It is no medically recommended.

**TRAMADOL 50MG 1 CAPSULE BY MOUTH AS NEEDED PAIN #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-78.

**Decision rationale:** Tramadol a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation for criteria. The documentation failed all required MTUS components. There is no objective assessment of pain improvement, activity of daily living, side effects or aberrant behavior. Tramadol is not medically necessary.