

Case Number:	CM13-0060397		
Date Assigned:	12/30/2013	Date of Injury:	12/04/2012
Decision Date:	04/11/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/03/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 29 year old female with date of injury of 12/04/2012. The listed diagnoses per [REDACTED] dated 09/04/2013 are: 1. Lumbago 2. Lumbar radiculitis/neuritis 3. Lumbar sprain/strain According to progress report dated 09/04/2013 by [REDACTED], the patient complains of low back pain. She rates her pain 10/10. She describes her pain as sharp, achy, constant, radiating to the bilateral legs, tingling with weakness in the bilateral legs. Medications, resting and activity avoidance help with her pain. There were no objective findings documented on this report. Treater is requesting a compound medication tramadol HCL powder 20%, gabapentin 10%, lidocaine 5%, mediderm cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATIONS: TRAMADOL HCL POWDER 20%, GABAPENTIN 10%, LIDOCAINE 5%, MEDIDERM CREAM BASE: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain radiating to the bilateral legs. Treater is requesting a compound medication tramadol HCL powder 20%, gabapentin 10%, lidocaine 5%, mediderm cream base. MTUS guidelines p111 states for Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed." MTUS further states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, gabapentin and tramadol are not recommended as a topical compound per MTUS. Therefore, recommendation is for denial.