

<b>Case Number:</b>	CM13-0068460		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/07/2008
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 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 injured worker is a 63-year-old female who reported an injury on 05/07/2008 after a trip and fall that reportedly caused injury to her low back, right shoulder, cervical spine, and bilateral wrists. The injured worker developed chronic pain that was managed with multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 10/14/2013. It was documented that the patient had ongoing pain complaints of the right shoulder, neck, low back, and knees. Physical findings included tenderness to palpation over the acromioclavicular joint with a slight reduction in range of motion and audible crepitus with overhead reach. The injured worker's diagnoses included right shoulder contusion, contusion of the left upper arm, lumbar spinal sprain/strain, lumbar discopathy, acute ankle strain, bilateral knee sprain/strain, bilateral wrist sprain/strain, and right foot injury/contusion. The injured worker's treatment plan included Celebrex 200 mg #60, Cartivisc #90, TG Ice, and FluriFlex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE TRAM/GABA/MENTH/CAMP 180MG, 10/15/2013: 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. Decision based on Non-MTUS Citation Effectiveness of Topical Administration of Opioids in Palliative Care: A Systematic Review; B LeBon, G Zeppetella, IJ Higginson- Journal of Pain and Symptoms 2009-Elsevier

**Decision rationale:** Tramadol/Gabapentin/Menthol/Camphor 180 mg for date of service 10/15/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of Gabapentin as a topical analgesic as there is little scientific evidence to support the efficacy and safety of this medication in a topical formulation. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address the use of opioids as a topical analgesic. However, peer-reviewed literature does not recommend the use of opioids as topical analgesics as there is little scientific evidence to support the efficacy and safety of these medications. California Medical Treatment Utilization Schedule states any medication that contains at least 1 drug or drug class that is not supported is not recommended. As such, the requested Tramadol/Gabapentin/Menthol/Camphor 180 mg for 10/15/2013 is not medically necessary or appropriate.