

<b>Case Number:</b>	CM13-0069613		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Occupational Medicine and is licensed to practice in Texas. 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 53 year old female injured on 05/04/10 due to an undisclosed mechanism of injury. The current diagnoses include C5-6 and C6-7 herniated nucleus pulposus with radiculopathy, lumbar discopathy, and bilateral shoulder impingement syndrome, right carpal tunnel syndrome and right elbow lateral epicondylitis. The clinical note dated 11/26/13 indicates the injured worker presented complaining of persistent neck pain, right elbow pain, right wrist pain, and low back pain. The physical examination of the cervical spine revealed spasms and tenderness in the paracervical musculature, positive Spurling's maneuver, and pain with motion. Examination of the right wrist revealed tenderness to the carpal tunnel, mildly reduced range of motion, and positive Tinel's and Phalen's signs. An examination of the right elbow revealed tenderness with palpation to the lateral epicondylar area, and full range of motion. An examination of the lumbar spine revealed mildly positive straight leg raise on the right. The documentation indicates the injured worker has previously participated in aquatic therapy and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF FLUR/CYCLO 15%/10%. 180GM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, the California MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Both components of this compound have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. The request does not meet established and accepted medical guidelines. Therefore, Flurbiprofen/Cyclobenzaprine 15%/10%, 180gm is not medically necessary.

**PRESCRIPTION OF TRAMA/GABA/MENTH/CAMP 8%/10%/2%/2%, 180GM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, the California MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains multiple components which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. The request does not meet established and accepted medical guidelines. Therefore, Tramadol/Gabapentin/Menthol/Camphor 8%/10%/2%/2%, 180gm is not medically necessary.