

<b>Case Number:</b>	CM14-0000903		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	10/17/2008
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Neurology, 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 52 year old man who sustained a work-related injury on October 17, 2008. Subsequently, he developed chronic back pain and bilateral knee pain. According to a note dated October 1, 2013, the patient was complaining of low back pain radiating to the extremities with numbness, tingling, weakness; and bilateral knee pain. The history and physical examination demonstrated bilateral knee tenderness with reduced range of motion. He has lumbar tenderness with reduced range of motion, reduced sensation at L4-L5 and the S1 dermatoma. The patient has mild weakness in both lower extremities. An MRI of the lumbar spine performed on July 14, 2011 demonstrated the signs of prior laminectomy. The patient was treated with oral pain medications, including Norco, Neurontin, Zanaflex, and Prilosec. The duration of treatment was not documented. He was also treated with Medrol patches. He denied any side effects from oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN 10%; TRAMADOL 20%; LIDOCAINE 5% IN MEDIDERM BASE (240 GRAMS): Upheld**

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

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control; there is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of the topical application of Tramadol, Mediderm, and Gabapentin. Furthermore, the oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. There is no documentation of failure or adverse reaction from first line oral medications. As such, the request is not medically necessary.