

<b>Case Number:</b>	CM14-0014715		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/02/2004
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Preventive Medicine, has a subspecialty 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 claimant is a 38 year old female who was transferring a resident from a bed to the wheelchair when she injured her lower back on 11/02/2004. The injury was treated surgically by L3-S1 anterior lumbar discectomy and disc decompression in 2011. Although the surgery provided about 50% relief in symptoms, she later developed pain in her shoulders, hands and wrist, and was diagnosed with arthritis and carpal tunnel syndrome. She had surgery for the carpal tunnel syndrome with partial relief, but she has been taking medications for the shoulder problems. She had aqua therapy, physical therapy and chiropractic care three times a week for eight months. Apart from lower back tenderness and residual thoracic scoliosis, she has an unremarkable lower back examination. Post-surgery X-ray showed proper joint alignment. She has at various times been evaluated by a Panel agreed Medical evaluator and Qualified Medical evaluator. Her doctor's request for unspecified quantity of Amitramadol-Dm 4% 20% 10% Transderm, and Gabaketol 6% 20% 6.15% Transderm is being disputed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMITRAMADOL-DM 4% 20% 10% TRANSDERM, NO QUANTITY INDICATED:**  
Upheld

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

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

**Decision rationale:** The MTUS does not recommend Tramadol for use as a topical analgesic. The Guidelines recommend a compounded product that contains one of more agent that is not recommended be not recommended as a topical analgesic. Furthermore, the topical analgesics are considered experimental drugs to be used in neuropathic pain not responding to either antidepressants or anticonvulsants. Therefore, the request is not medically necessary.

**GABAKETOL 6% 20% 6.15% TRANSDERM, NO QUANTITY INDICATED:** Upheld

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

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

**Decision rationale:** This is a topical analgesic comprising of Gabapentin, Ketoprofen and Lidocaine. Like all topical analgesics, the MTUS considers them as experimental drugs used in the treatment of neuropathic pain not responding to either antidepressants or anticonvulsants. Furthermore, the MTUS recommends that the presence of one or more agent that is not recommended make the entire formulation not recommended. Ketoprofen is not recommended as a topical agent. Therefore, the request is not medically necessary.