

<b>Case Number:</b>	CM14-0017102		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	10/16/2006
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 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 58-year-old female who reported an injury on 10/16/2006. The mechanism of injury was not stated. Current diagnoses include right shoulder impingement and right wrist tendinitis. The injured worker was evaluated on 11/19/2013. The injured worker reported persistent pain in the right shoulder. Physical examination revealed limited range of motion with positive Neer and Hawkins testing. Treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR PRESCRIPTION OF TRAMADOL/GABAPENTIN/MENTHOL/CAMPBOR/CAPSAICIN (DURATION AND FREQUENCY UNKNOWN) DISPENSED ON 11/18/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Topical Analgesics Page(s): 111.

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

**Decision rationale:** The Expert Reviewer's decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended, as there is no evidence for the use of any anti-epilepsy drug as a topical product. Therefore, the request is not medically appropriate. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.

**RETROSPECTIVE REQUEST FOR PRESCRIPTION OF  
FLURBIPROFEN/CYCLOBENZAPRINE (DURATION AND FREQUENCY  
UNKNOWN) DISPENSED ON 11/18/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Topical Analgesics Page(s): 111.

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

**Decision rationale:** The Expert Reviewer's decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Cyclobenzaprine is not recommended, as there is no evidence for the use of any muscle relaxant as a topical product. Therefore, the current request is not medically appropriate. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.

**RETROSPECTIVE REQUEST FOR PRESCRIPTION OF  
GABAPENTIN/PYRIDOXINE (DURATION AND FREQUENCY UNKNOWN)  
DISPENSED ON 11/18/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Topical Analgesics Page(s): 111.

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

**Decision rationale:** The Expert Reviewer's decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended, as there is no evidence for the use of any anti-epilepsy drug as a topical product. Therefore, the request is not medically appropriate. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.