

<b>Case Number:</b>	CM14-0123781		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 50-year-old male with a reported date of injury on 05/29/2012. The injury reportedly occurred when the injured worker was breaking down a wall on the set and felt a snap in his left shoulder and arm. His diagnoses were noted to include left shoulder impingement syndrome, left shoulder myoligamentous injury, left shoulder sprain/strain, right shoulder impingement syndrome, right shoulder myoligamentous injury, right shoulder sprain/strain, left elbow myoligamentous injury, left elbow sprain/strain, left lateral epicondylitis, right elbow myoligamentous injury, right elbow sprain/strain, right lateral epicondylitis, left carpal sprain/strain, left carpal tunnel syndrome, left wrist sprain/strain, right carpal sprain/strain, right carpal tunnel syndrome, right wrist sprain/strain, loss of sleep, and sleep disturbance. His previous treatments were noted to include medications, physical therapy, and work restrictions. The progress note dated 05/16/2014 revealed complaints of knee instability, majority of the progress note is illegible. The physical examination revealed tenderness to palpation of the lateral/medial joint line of the knees. The provider's rationale was not submitted within the medical records. The Request for Authorization form dated 05/16/2014 was for gabapentin 10%/lidocaine 5%/tramadol 15% 180 gm with no refills for neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10% Lidocaine 5%, Tramadol 15% 180gm, Refills:0: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; regarding topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Tramadol; Gabapentin Page(s): 111; 82; 113.

**Decision rationale:** The request for Gabapentin 10% Lidocaine 5%, Tramadol 15% 180gm, Refills:0 is not medically necessary. The injured worker has been utilizing this medication since at least 05/2014. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Tramadol is recommended for oral consumption, which is not recommended as a first line therapy. There is not a formulation of topical tramadol that had been FDA approved. Gabapentin is not recommended as a topical analgesic as there is no peer reviewed literature to support the use. The guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended, and tramadol, gabapentin are not recommended for topical analgesics, and topical lidocaine is recommended only as a Lidoderm patch. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.