

<b>Case Number:</b>	CM14-0124463		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 and Rehabilitation 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 patient is a 58-year-old female who was injured on 03/05/13. The patient complains of activity-dependent mild dull, achy 4/10 low back pain and stiffness, associated with prolonged sitting/bending, better with standing up and also complains of left wrist and left hip frequent pain with stiffness and stabbing pain associated with movement rating at 3/10. She also complains of frequent moderate dull 2/10 left knee pain and stiffness associated with prolonged standing and walking. On exam, there is tenderness to palpation to the left gluteus and lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles. Kemp's causes pain. There is tenderness to palpation of the dorsal wrist and volar wrist. Carpal compression causes pain. There is tenderness to palpation of the lateral hip. Patrick and Faber's are positive. McMurray causes pain. MRI of the left knee showed early degenerative changes. Under consideration are prospective requests for custom compounded topical creams containing Gabapentin 10%, Lidocaine 5%, and Tramadol 15% and Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2% and Camphor 2%. Diagnoses includes lumbar sprain/strain, left wrist sprain/strain, left hip sprain/strain, and left knee sprain/strain, internal derangement, and tenosynovitis. Past treatment has included Chiropractic 1x6 week; Acupuncture 2x6 week; Lint-L/S; Toxicology Testing; DNA Testing; Low back Brace; Theramine #90, GABA done #60, Sentra #60, Apprim 120; ESWT- L/s 180gm - Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 180gm- Gabapentin 10%, Lidocaine 5%, Tramadol 15%; Lumbar Traction Unit; Pain Management Consult- L/s and PF-NCS- L/S. The Request for - Gabapentin 10% Lidocaine 5% Tramadol 15% 180grams between 06/02/2014 and 10/09/2014 was Non Certified.

### 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% 180grams: Upheld**

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

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

**Decision rationale:** According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the guidelines, Gabapentin is not recommended for topical application. There is no peer-reviewed literature to support use. The ODG/CA MTUS/ FDA Tramadol is not approved for topical use per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Gabapentin 10% Lidocaine 5% Tramadol 15% 180grams is not medically necessary.

**Capsaicin 0.025%, flurbiprofen 20% tramadol 15% menthol 2% camphor 2% 180 grams: Upheld**

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

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

**Decision rationale:** According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. The CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel). The ODG/CA MTUS/ FDA Tramadol is not approved for topical use. According to the CA MTUS guidelines, Topical analgesics Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Capsaicin 0.025%, Flurbiprofen 20% Tramadol 15% Menthol 2% Camphor 2% 180 grams is not medically necessary.