

Case Number:	CM14-0155441		
Date Assigned:	09/25/2014	Date of Injury:	04/14/2003
Decision Date:	11/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 had a date of injury of 4/14/2003. Diagnoses include cervical degenerative disc disease, right shoulder rotator cuff tear, right upper extremity tenosynovitis, lumbar disc disease and knee chondromalacia. Treatments include Norco, topical analgesic creams and Sonata. The requests are for Gaba/Tramadol cream and Sonata.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaba/Tramadol Cream 240gm #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. Gabapentin in topical formulation is explicitly not approved in the CA MTUS as there is no peer reviewed literature to support its use. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. As such, the request for Gaba/Tramadol cream is not medically necessary.

