

Case Number:	CM14-0167073		
Date Assigned:	10/14/2014	Date of Injury:	07/15/2012
Decision Date:	11/17/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/10/2014

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 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:

This 45 year-old patient sustained an injury on 7/15/12 while employed by the [REDACTED]. Request(s) under consideration include Topical Compound Gaba/Tramadol 10%/20%, 240gm cream to apply a thin layer to affected area twice daily. Diagnoses include cervical sprain; lumbar sprain; and knee internal derangement. Report of 8/8/14 from the provider noted the patient with unchanged chronic symptoms of left shoulder and left knee pain. The provider noted the patient had cervical sprain, left shoulder contusion with rotator cuff tendinopathy, lumbar sprain, left knee sprain/ internal derangement with history of nondisplaced tibial plateau fracture. Medications list Tramadol and Naproxen. Exam showed slightly antalgic gait only partially bearing weight; shoulder with tenderness and decreased range with 4+/5 motor strength; positive Neer's, Hawkin's and impingement testing; left knee with positive patellar grind maneuver, hamstring tenderness, mild swelling and effusion; normal range and motor strength. X-rays noted no new fracture to knee. Treatment included topical compounds. The request(s) for Topical Compound Gaba/Tramadol 10%/20%, 240gm cream to apply a thin layer to affected area twice daily was non-certified on 9/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaba/Tramadol 10%/20%, 240gm cream to apply a thin layer to affected area twice daily:
Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There are no evidenced-based studies to indicate efficacy of anti-epileptic medication Gabapentin or topical opioid of Tramadol over oral delivery. Submitted reports have not demonstrated any functional improvement, specific pain relief on VAS rating, and change in work status or increase in activities of daily living functions from treatment already rendered to treat this chronic injury of 2012. Submitted reports have not adequately documented the indication or medical need for this topical compounded analgesic outside guidelines recommendations. The Topical Compound Gaba/Tramadol 10%/20%, 240gm cream to apply a thin layer to affected area twice daily is not medically necessary and appropriate.