

<b>Case Number:</b>	CM14-0024860		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Occupational Medicine 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 47-year-old female who was injured on 10/05/2009 while she was performing her usual and customary duties she fell off a ladder that was about seven feet high. She injured her cervical spine, right elbow, bilateral wrist and bilateral knees. Prior treatment history has included the following medications: Norco, ibuprofen, cyclobenzaprine, omeprazole and gabapentin as documented in the qualified medical evaluation (QME) dated 08/26/2013. She also had chiropractic treatment with some physical therapy and ultrasound with electrothermal treatment on 02/05/2010 as documented on QME dated 10/14/2013. Progress report dated 02/05/2014 documented the patient with complaints of cervical spine pain. The pain was rated 5/10. The pain radiated to her head. She states Vicodin works well for the pain. The patient denied side effects from medications. Flexeril was good for muscle relaxation and Restoril works well for sleep. She also complained of pain in the right elbow rated 6/10 with popping heard with use and right wrist pain rated at 8/10 with no radiation and worse in cold weather. Objective findings on examination of the cervical spine show there is no swelling or atrophy. Compression causes pain. Examination of the right elbow and right wrist reveals there is no bruising, swelling or atrophy. Diagnoses are cervical radiculopathy; myalgia and myositis; and right elbow strain/sprain. Utilization report dated 02/11/2014 states the request for compound topical cream: 1) Flurbiprofen 20%, Tramadol 20% in Mediderm base 30 grams; 2) Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% in Mediderm base 30 grams, were not certified due to a lack of documented trial of a more generally recognized medications and considering that these compounded medications are not FDA approved and considering the dosing of the medication is not provided according to the MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBIPROFEN 20%, TRAMADOL 20% IN MEDIDERM BASE 30 GRAMS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS guidelines recommend topical analgesics primarily for neuropathic pain if oral medications have failed. The patient is a 46-year-old female injured on 10/5/09. She has had extensive work-up and treatment since her injury. She is prescribed topical analgesics for the treatment of chronic musculoskeletal pain including the neck, back, shoulders, and knees. This is a request for a topical compound containing Flurbiprofen and Tramadol. However, topical Tramadol is not recommended by guidelines. Any compound that contains a non-recommended product is not recommended. No specific rationale is provided for use of this topical medication. Medical necessity is not established.

**GABAPENTIN 10%, DEXTROMETHORPHAN 10%, AMITRIPTYLINE 10% IN MEDIDERM BASE 30 GRAMS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS guidelines recommend topical analgesics primarily for neuropathic pain if oral medications have failed. The patient is a 46-year-old female injured on 10/5/09. She has had extensive work-up and treatment since her injury. She is prescribed topical analgesics on a chronic basis for the treatment of chronic musculoskeletal pain including the neck, back, shoulders, and knees. This is a request for a topical compound containing Gabapentin, Amitriptyline, and Dextromethorphan. However, guidelines do not recommend topical application of Gabapentin given lack of literature to support its use. Any compound that contains a non-recommended product is not recommended. Further, no specific rationale is provided for use of this topical medication. Medical necessity is not established.