

<b>Case Number:</b>	CM14-0026358		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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 39-year-old female with a date of injury of 07/30/2013. The current diagnoses are lumbar spine sprain/strain, lower extremity neuropathy, left hip sprain/strain, right ankle sprain/strain, left shoulder sprain/strain, left shoulder myospasm, left shoulder clinical impingement, left shoulder tendinosis and left shoulder bursitis. According to progress report dated 01/13/2014 by [REDACTED], the patient presents with low back, left hip, right foot, and right ankle pain. The patient states her pain is well controlled with medication. The patient states that she has no side effects. The patient's treatment history has included therapy and acupuncture which has helped decrease her pain temporarily. The patient had an MRI of the left shoulder on 12/21/2013 which revealed motion artifacts, infraspinatus tendinosis, and bursitis. An MRI of the left scapula from 12/21/2013 revealed subscapularis bursitis. The provider is recommending transdermal compounds. The request for authorization from 01/13/2014 requested transdermal compound medication including gabapentin 10%, lidocaine 5%, and tramadol 15%. A Utilization review did not grant the request on 02/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND GABAPENTIN 10%, LIDOCAINE 5%, TRAMADOL 15%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Topical Analgesics.

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

**Decision rationale:** This patient presents with low back, left hip, right foot, and right ankle pain. The provider is requesting a compound topical cream that includes gabapentin 10%, lidocaine 5%, and tramadol 15%. The California MTUS Guidelines regarding topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. The California MTUS further states, any compounded product that contains at least one (or drug class) that is not recommended is not recommended. Gabapentin is not recommended as a topical formulation. Therefore, the request for the compound cream is not medically necessary.