

<b>Case Number:</b>	CM14-0027825		
<b>Date Assigned:</b>	06/18/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 New York and 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 is a 35-year-old diagnosed with rotator cuff strain and lumbar strain, with a date of injury April 15, 2013. Treatment has included physical therapy, chiropractic care and acupuncture. She is requesting a compounded topical medication to help manage her pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL COMPOUND CREAM:TRAMADOL (CENTRAL ACTING ANALGESIC)/ GABAPENTIN (GABA ANALOGUE)/ CYCLOBENZAPRINE (SKELETAL MUSCLE RELAXANT)/ LIDOCAINE (ANESTHETIC)/ FLURBIPROPEN (NSAID)/CAPSACIN (ANALGESIC)/ MENTHOL/ CAMPHOR(ANALGESIC): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** Any compound that contains at least one ingredient/medicine that is not recommended cannot be authorized. This compound contains several that are not recommended, including topical tramadol, cyclobenzaprine, flurbiprophen and gabapentin. In regards to flurbiprophen, the only topical NSAID (non-steroidal anti-inflammatory drug) that may be

considered is Voltaren gel. Gabapentin is specifically not recommended in the Chronic Pain guidelines. Menthol and camphor are not specifically recommended. Lidocaine is not recommended except in a patch form. The request for topical compound cream: tramadol (central acting analgesic)/ gabapentin (gaba analogue)/ cyclobenzaprine (skeletal muscle relaxant)/ lidocaine (anesthetic)/ flurbiprofen (nsaid)/capsaicin (analgesic)/ menthol/ camphor (analgesic) is not medically necessary or appropriate.