

<b>Case Number:</b>	CM14-0029764		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	06/05/2009
<b>Decision Date:</b>	07/01/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 48 year old female who sustained an injury on 05/06/09. No specific mechanism of injury was noted. The patient had been followed for multiple complaints to include abdominal pain as well as neck pain, right elbow pain, left elbow pain, pain at the bilateral wrists, and radiating pain in the upper extremities. The injured also described low back pain radiating through the lower extremities. The patient had been followed for gastrointestinal issues to include acid reflux. There were noted allergies to Vicodin and Penicillin. The clinical evaluation on 11/04/13 noted loss of range of motion in the bilateral wrists with mild weakness throughout the upper extremities bilaterally. There was significant loss of range of motion in the lumbar spine with weakness present throughout the lower extremities. The patient was noted to be taking oral Tramadol as well as Relafen. No side effects with these medications were reported. The most recent evaluation was from 12/02/13. The patient's symptoms remained unchanged. The patient was noted to be pending surgical consults for the cervical spine. The patient continued to demonstrate limited range of motion in the cervical spine with very mild weakness throughout the upper and lower extremities. Reduction in lumbar range of motion was also noted. There was decreased sensation present in right lumbar (L5-S1) distribution. The patient was prescribed a topical medication to include Tramadol, Gabapentin, Capsaicin, Flurbiprofen, Cyclobenzaprine, as well as Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND: TGHOT ( TRAMADOL 8%, GABAPENTIN 10%, MENTHOL 2%, CAMPHOR 2%^, CAPSAICIN 0.05% ):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIS.

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

**Decision rationale:** In regards to the topical medications that include Tramadol, Gabapentin, Capsaicin, Flurbiprofen, and Cyclobenzaprine; this reviewer would not have recommended these compounded medications as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The California Medical Treatment Utilization Schedule, Chronic Pain Treatment Guidelines and United States Food and Drug Administration (FDA) note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. These compounds contained Tramadol, Gabapentin, Flurbiprofen, and Cyclobenzaprine, which are not approved for transdermal use. The clinical documentation provided did not indicate that there were any substantial side effects with the oral version of the requested medication components. Therefore, these compounds would no have been supported as medically necessary.