

<b>Case Number:</b>	CM14-0031330		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	01/25/2011
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 & 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:

The patient is a 61 year old female who was injured on 01/25/2011 while she slipped in something wet on the floor. The left leg went up and she fell and landed on her low back. Prior treatment history has included the patient undergoing the following procedures: 11/18/11 Myelogram contrast dye epidurography and interpretation of epidurogram. Left transforaminal steroid epidural. The patient's medications include Naproxen, Prilosec, Flexeril and Vicodin on 08/13/2012. She has also had physical therapy, home exercises, chiropractic treatment and acupuncture. Diagnostic studies reviewed include urine drug screening as follows: 05/14/2013 the patient is inconsistent with medication. Diazepam/nordiazepam are detected which are not reported as prescribed, hydrocodone reported as prescribed but not seen and Tramadol reported as prescribed but none detected. 06/13/2013 the patient is inconsistent with prescription therapy. Diazepam/nordiazepam are detected which are not reported as prescribed 07/23/2013 the patient is inconsistent with prescription therapy. Cyclobenzaprine is reported as prescribed but not detected. Diazepam/nordiazepam are detected which are not reported as prescribed, hydrocodone reported as prescribed but not detected and Zolpidem is reported as prescribed but not detected. PR-2 dated 02/10/2014 documented the patient to have complaints of lumbar spine pain. Tramadol ER working well for pain control. Using 1-2 tabs per day the pain is relieved. Objective findings on exam reveal the patient has an antalgic spastic paraspinal. There is +3 tenderness to palpation of the bilateral SI joints and lumbar paravertebral muscles. There is muscle spasm of the bilateral gluteus and lumbar paravertebral muscles. Left sitting straight leg raise causes radiating pain. Right sitting straight leg raise causes radiating pain. Diagnoses: 1. Lumbar sprain/strain 2. Loss of sleep 3. Psych component Treatment Plan: Tramadol ER, Flexeril, omeprazole, Capsaicin, Flurbiprofen, Tramadol cream. Menthol, camphor. Toxicology

test, continue with TENS unit, follow up on psyche report and the patient was instructed not to drive when taking narcotic meds.

### **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% 240GM:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

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

**Decision rationale:** According to the CA MTUS guidelines, Topical Analgesics are recommended as a treatment option, these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. However, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Therefore, the request is not necessary according to the guidelines.