

<b>Case Number:</b>	CM14-0051854		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/23/2011
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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:

This is a 59-year-old female injured worker with a date of injury on March 23, 2011 when she fell. She hit her chin and complained of neck back and shoulder pain. She had x-rays done and received physical therapy. An MRI was done of the neck and shoulders for persisting pain. Current symptoms described are 8/10 level pain in the neck with numbness and tingling and weakness in both upper extremities. Shoulder pain was worse on the right than the left. Her low back pain was also 8/10 level. The medications she is currently taking are Vicodin and Flexeril. Clinical exam showed tenderness in the paracervical and thoracic paraspinal region. Reflexes are normal and muscle strength normal. Global range of motion was diminished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/Gaba/Meath/Camp/Cap/8%, 10%, 2%, 5%) Ultraderm Base compound topical medication:** Upheld

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

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

**Decision rationale:** The MTUS guidelines for use of topical analgesics view their use as largely experimental with few randomized controlled trials to determine efficacy or safety. Topical agents may be used when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug. (Or class of drugs), that is not recommended. The patient has not used tricyclic antidepressant or anticonvulsant therapy. The compounded product requested contains Tramadol and Gabapentin which are not medically recommended. Thus the medical necessity is not necessary.