

<b>Case Number:</b>	CM14-0065091		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old female with a 6/19/13 date of injury. At the time (4/16/14) of the Decision for Gaba 10%/ Amitrip 10 %/ Dextro 10% cream and Flubi 20%/ Tramadol 20%/ Cyclo 4 % cream, there is documentation of subjective (neck pain and low back pain radiation to the upper and lower extremities with numbness and tingling, bilateral wrist/hand pain, and bilateral knee pain with locking and instability) and objective (tenderness to palpation over the cervical and lumbar paraspinal musculature, positive Tinel's and Phalen's signs of the bilateral wrists/hands, and decreased bilateral knee range of motion with crepitus) findings, current diagnoses (cervical spine sprain/strain with disc bulge, lumbar spine sprain/strain, bilateral carpal tunnel syndrome, and bilateral knee internal derangement), and treatment to date (physical modalities and activity modification).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gaba 10%/ Amitrip 10 %/ Dextro 10% cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Antidepressants for Pain Page(s): 15, 111,112,113. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Compound Drugs, updated 4/10/14.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain with disc bulge, lumbar spine sprain/strain, bilateral carpal tunnel syndrome, and bilateral knee internal derangement. However, the requested compounded cream contains at least one drug (Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Gaba 10%/ Amitrip 10 %/ Dextro 10% cream is not medically necessary.

**Flubi 20%/ Tramadol 20%/ Cyclo 4 % cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112, 113.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain with disc bulge, lumbar spine sprain/strain, bilateral carpal tunnel syndrome, and bilateral knee internal derangement. However, the requested compounded cream contains at least one drug class (muscle relaxants) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Flubi 20%/ Tramadol 20%/ Cyclo 4 % cream is not medically necessary.