

<b>Case Number:</b>	CM14-0082262		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/29/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 53 year old with an injury date on 5/29/10. Patient complains of continuing low lumbar pain rated 6/10, bilateral knee pain rated 6/10, and right shoulder pain per 4/18/14 report. Patient has failed conservative treatment including a home exercise program, a cortisone injection to the right knee and two epidural steroid injection into the L-spine. Based on the 4/18/14 progress report provided by Dr. [REDACTED] the diagnoses are: 1. Cervical disc syndrome 2. Lumbar disc syndrome with radicular symptoms 3. Right shoulder rotator cuff syndrome - Right wrist carpal tunnel syndrome -Right knee chondromalacia patellae 6. Right Knee Medial Meniscus Tear 7. Status Post Right Shoulder Surgery. Exam on 4/18/14 showed "L-spine range of motion moderately restricted especially flexion at 35/60 degrees. Left knee range of motion restricted with flexion at 98/130 degrees. Deep tendon reflexes are 2+ in lower extremities. Dr. [REDACTED] is requesting flurbiprofen 20% tramadol 20% and gabapentin 10% amitriptyline 10% dextromethorphan 10%. The utilization review determination being challenged is dated 5/15/14. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 11/7/13 to 4/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/Tramadol 20%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chronic Pain, Medication Compound Drugs.

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

**Decision rationale:** This patient presents with lower back pain, bilateral knee pain, and right shoulder pain. The treater has asked for flurbiprofen 20% tramadol 20% on 4/18/14. Review of reports do not show patient taking any topical analgesic/opioids in the past. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Tramadol is a second line synthetic opioid, and is often prescribed in conjunction with a topical analgesic. MTUS however does not indicate its use topically. As topical Tramadol is not indicated, entire flurbiprofen 20% tramadol 20% compound is also not indicated. Recommendation is for denial.

**Gabapentin10%/Amitriptyline 10%/Dextromethorphan 10%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gabapentin10%/Amitriptyline 10%/Dextromethorphan 10%.

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

**Decision rationale:** This patient presents with lower back pain, bilateral knee pain, and right shoulder pain. The treater has asked for gabapentin 10% amitriptyline 10% dextromethorphan 10% on 4/18/14. Review of reports do not show patient has been taking compounded topical creams in the past. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not recommend any anti-convulsant for topical use. As topical Gabapentin is not indicated, the entire gabapentin 10% amitriptyline 10% dextromethorphan 10% compound would also not be indicated. Recommendation is for denial.