

<b>Case Number:</b>	CM14-0090173		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/05/2008
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	05/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 51-year-old man who sustained a work related injury on June 5, 2008. Subsequently, he developed chronic right shoulder pain. On a progress report dated February 25, 2013, the patient complained of constant low back pain radiating to the right lower extremity with numbness and tingling. He rated his pain as 7/10. The patient reported insomnia and stress as well. He was treated with acupuncture and physical therapy. His physical examination revealed reduced right shoulder range of motion and straight leg raise (SLR) was positive on right. Right lower extremity sensation decreased at L5-S1. The patient was diagnosed with lumbar radiculitis, insomnia, lumbar spinal stenosis, stress, and status post-surgery of right shoulder. The provider requested authorization for Tram/Gaba/Ment/Camp/Caps.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tram/Gaba/Ment/Camp/Caps for date of service 5/9/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

**Decision rationale:** The requested topical cream is formed by the combination of Tram/Gaba/Ment/Camp/Caps. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111) topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The cream contains Gabapentin not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for topical cream Tram/Gaba/Ment/Camp/Caps is not medically necessary.