

<b>Case Number:</b>	CM14-0093021		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 injured worker is a 34-year-old gentleman who was reportedly injured on May 14, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 24, 2014, indicated that there were ongoing complaints of left shoulder pain worse with overhead activity. The injured employee was awaiting authorization for a left shoulder subacromial decompression. The physical examination demonstrated tenderness at the subacromial region and acromioclavicular joints. There was slightly decreased left shoulder range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a left shoulder subacromial steroid injection. A request was made for Flurbiprofen 20%/Tramadol 20% Mediderm cream base and Gabapentin/Amitriptyline/Dextromethorphan and was not certified in the pre-authorization process on May 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/Tramadol 20%/Mediderm cream base:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine, or Capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for Flurbiprofen/Tramadol in a Mediderm base is not medically necessary.

**Gabapentin 10%/Amitriptyline HCL 10%/ Dextromethorphan:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/21044263>.

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine, or Capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for Gabapentin/Amitriptyline/Dextromethorphan is not medically necessary.