

<b>Case Number:</b>	CM14-0094591		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/23/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 46-year-old female with a date of injury of 11/23/2013. The listed diagnoses per [REDACTED] are: 1. Cervical spine strain/sprain with radiculitis.2. Left shoulder sprain/strain.3. Carpal tunnel syndrome on the right.4. Avascular necrosis of the right wrist.5. Left elbow lateral epicondylitis.6. Left shoulder osteoarthritis.7. Left shoulder tendinosis.8. Left shoulder effusion.9. Left shoulder bursitis.10. Myospasms.According to progress report 05/22/2014 by [REDACTED], the patient presents with moderate, occasionally severe left shoulder pain that is accompanied by numbness, tingling, burning sensation and weakness. The patient states that she has worsening pain radiating down to the left little finger. She states her pain is well controlled with medication and denies any side effects. The treating physician states the patient has sufficient oral medication at this time, and he is recommending transdermal compounds. The request is for transdermal compound medication including flurbiprofen 20%, tramadol 20% in Mediderm base 210 mg, and transdermal compound medication including gabapentin 10%, amitriptyline 10%, dextromethorphan 10% in Mediderm base 210 g. Utilization review denied the request on 06/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal Compound Medication; Flurbiprofen 20%, Tramadol 20% in Mediderm Base 210gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** This patient presents with moderate, occasionally severe left shoulder pain that is accompanied by numbness, tingling, burning sensation, and weakness. The patient states that she has worsening pain radiating down to her left little finger. The treating physician is requesting a transdermal compound medication that includes flurbiprofen 20% and tramadol 20%. The MTUS Guidelines state topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least one (or drug class) that is not recommended is then not recommended. In this case, Tramadol is not tested for transdermal use with any efficacy. Request is not medically necessary.

**Transdermal Compound Medication; Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in Mediderm Base 210gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The patient presents with moderate, occasionally severe left shoulder pain that is accompanied by numbness, tingling, burning sensation, and weakness. The patient states that she has worsening pain radiating down the left little finger. The treating physician is requesting a transdermal compound medication that includes gabapentin 10%, amitriptyline 10%, and dextromethorphan 10%. MTUS Guidelines state topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least one (or drug class) that is not recommended is then not recommended. Gabapentin is not recommended as a topical formulation. Request is not medically necessary.