

<b>Case Number:</b>	CM14-0106476		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

### 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 37 year old female who sustained an industrial injury 3/12/2009. Her diagnoses, and/or impressions, included: cervical and lumbar sprain/strain with disc protrusions; cervical and lumbosacral disc desiccation with loss of disc height and protrusion causing spinal canal stenosis; lumbar hemangioma; cervical disc protrusion causing stenosis of the bilateral neural foramen nerve roots and spinal canal; shoulder and wrist sprain/strain; right shoulder joint osteoarthritis; supraspinatus & infraspinatus tendinosis; and insomnia. Recent magnetic resonance imaging studies of the right shoulder cervical spine and lumbar spine are stated to have been done on 12/30/2013. Her treatments have included acupuncture treatments and medication management. Recent progress notes reported a continued, severe, dull achy and radiating pain in the neck, aggravated by movement, and improved with medications; dull, aching pain in both shoulders, right > left, aggravated by movement and improved with medications; severe, dull, aching radiating low back pain, aggravated by movement and improved with medications; severe, dull, aching pain in the wrists, aggravated by activities and improved with medications; and difficulty sleeping secondary to pain. The physician's requests for treatments were noted to include a Lidocaine analgesic compound cream for reduction of pain with increased strength and range-of-motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%, Lidocaine 5%, Tramadol 15% 210gm:** Upheld

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains multiple ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.