

<b>Case Number:</b>	CM14-0196884		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] who has filed a claim for chronic low back, bilateral knee, and bilateral hip pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of February 28, 2014. In a utilization review report dated November 13, 2014, the claims administrator denied a gabapentin - lidocaine - tramadol compound. The applicant's attorney subsequently appealed. In a progress note dated November 5, 2014, the applicant received several dietary supplements and topical compounds owing to ongoing complaints of hip, knee, and low back pain, moderate to severe. The applicant did have derivative complaints of anxiety, depression, psychological stress, and insomnia, it was incidentally noted. 18 sessions of physical therapy and chiropractic manipulative therapy were endorsed.

### 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%:** Upheld

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

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider, it is further noted, did not clearly state why the applicant could not employ first-line oral pharmaceuticals here. Therefore, the request is not medically necessary.