

<b>Case Number:</b>	CM14-0200739		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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] employee who has filed a claim for low back pain reportedly associated with an industrial injury of July 17, 2013. In a Utilization Review Report dated November 6, 2014, the claims administrator denied a tramadol containing topical compound. The claims administrator referenced non-MTUS Third Edition ACOEM Guidelines to the bottom of the report but did not incorporate the same into its rationale. The claims administrator stated that its decision was based on an October 16, 2014 progress note and October 29, 2014 RFA form. The applicant's attorney subsequently appealed. On said October 16, 2014 progress note, the applicant reported ongoing complaints of neck pain, low back pain, depression, anxiety, diplopia, and dizziness. Baclofen, tramadol, topical compounded tramadol-gabapentin containing agent, and physical therapy were endorsed. The applicant's work status was not clearly outlined.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) topical medication including Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.5 % 120 g jar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**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 secondary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredient in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the attending provider has not clearly outlined why the applicant cannot employ first-line oral pharmaceuticals in lieu of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the agent at issue. Therefore, the request is not medically necessary.