

<b>Case Number:</b>	CM14-0213867		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	03/20/2014
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 31-year-old male with an injury date of 03/20/14. Based on the 11/17/14 progress report provided by treating physician, the patient complains of constant neck pain, rated 8/10, which radiates to the left bilateral shoulder and trapezius. Patient has not had prior surgeries. Physical examination revealed numbness and tingling in the hands and fingers as well as weakness of the upper extremities, trapezial tenderness, and decreased range of motion of the left shoulder. Per 08/13/14 progress report, cervical spine examination of 08/05/14 demonstrated tenderness to palpation over the left upper trapezius, and decreased sensation down to the left arm. Patient's medications include Ibuprofen. Per progress report dated 11/17/14, the patient received six sessions of acupuncture and three to four sessions of physical therapy, which reportedly increased his pain. Patient is temporarily totally disabled. MRI 06/03/14- Cervical disc bulging, per 08/13/14 progress report, Cervical spine X-ray (unknown date), Muscle spasm, Diagnosis 11/17/14-Cervical spine sprain with small disc bulges per MRI report, Thoracic sprain, rule out thoracic discogenic pain with radiculopathy-Left shoulder impingement syndrome The utilization review determination being challenged is dated 12/11/14. The rationale is "...has no peer-reviewed literature support for use in topical application." ... "Treatment reports were provided from 06/09/14 - 11/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound analgesic cream (Tramadol 8%/Gabapentin 10%/Menthol 2%/Camphor 2%/Capsaicin .05%) 120 g jar:** 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 Regarding topical creams Page(s): 111.

**Decision rationale:** The patient presents with constant neck pain, rated 8/10, which radiates to the left bilateral shoulder and trapezius. Patient has not had prior surgeries. Patient's medications include Ibuprofen. Per progress report dated 11/17/14, the patient received six sessions of acupuncture and three to four sessions of physical therapy, which reportedly increased his pain. Treater does not state that reason for the request. Patient is temporarily totally disabled. MRI of 06/03/14 revealed cervical disc bulging, per 08/13/14 progress report. Cervical spine X-ray (date unspecified) showed muscle spasm. The request is for compound analgesic cream (Tramadol 8%/Gabapentin 10%/Menthol 2%/Camphor 2%/Capsaicin .05%) 120 g jar. The MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended." Treater has not provided reason for the request. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form. Therefore, the request is not medically necessary.