

<b>Case Number:</b>	CM15-0001847		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 51 year old male, who sustained an industrial injury on January 22, 2014. He has reported lower back pain and right knee pain. The diagnoses have included lumbosacral degenerative disc disease, thoracic or lumbosacral neuritis or radiculitis, chondromalacia of the patella, and internal derangement of the knee. Treatment to date has included medications, physical therapy, injections, right knee arthroscopy, and imaging studies. Currently, the injured worker complains of continued lower back pain radiating to the right leg and right knee pain. The treating physician is requesting a prescription for a medication compound that includes Tramadol 8% and Gabapentin for the lower back pain. On November 25, 2014 Utilization Review non-certified the request for the prescription for the medication compound noting the lack of documentation to support the medical necessity of the medication. The MTUS chronic pain medical treatment guidelines and ODG were cited in the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication - Tramadol 8%/Gabapentin for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

**Decision rationale:** Tramadol 8%/ Gabapentin for the lumbar spine is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)." Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the requested medication is not medically necessary.