

<b>Case Number:</b>	CM15-0051507		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 52-year-old female who sustained an industrial injury on 07/11/14. Initial complaints included bilateral shoulder and wrist, neck, upper and lower back pain. Initial diagnoses were cervical and lumbosacral musculoligamentous strain/sprain, bilateral shoulder strain/sprain, and bilateral wrist sprain. Treatments to date include medications and therapy. Diagnostic studies include nerve conduction studies and MRI. In a progress note dated 01/27/15 the treating provider reports the plan of care as Flurbiprofen and TGIce transdermal analgesics. The requested treatment is TGIce.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGIce Tramadol 8 percent Gabapentin 10 percent Menthol two percent Camphor 2 percent Flurbiprofen 20 percent: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The patient is a 52-year-old female with an injury on 07/11/2014. She has shoulder, neck, back and wrist pain. MTUS, Chronic Pain guidelines note that the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy and safety. Also, for a compound topical analgesic, if one of the active ingredients is not recommended, then the entire compound medication is not recommended. Gabapentin, Menthol and Camphor are not recommended. Also, there is relatively poor data to support flurbiprofen. The combination compound does not meet MTUS guidelines and the request is not medically necessary.