

<b>Case Number:</b>	CM15-0081904		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	04/20/2009
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 31 year old male patient who sustained an industrial injury on 04/20/2009. The patient has subjective complaint of low back pain. The pain does radiate down bilateral lower extremities. Previous treatments to involve: chiropractic and physical therapy sessions, pain management, and injection. He has undergone, radiography study, magnetic resonance imaging, computerized tomography, electric nerve conduction study, and used oral pain medications such as: Lyrica, Norco, Valium, Nexium, and Naproxen. In addition, he uses a topical analgesia cream. The diagnostic impression noted lumbosacral discogenic disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Gabapentin 20% analgesic cream, apply 2 times daily, unknown quantity:**  
 Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended. Topical Gabapentin is not recommended due to lack of evidence. Since the compound above contains topical Gabapentin, the compound in question is not medically necessary.

**Retrospective: Flurbiprofen 20% analgesic cream, apply 2 times daily, unknown quantity:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics - Non-steroidal anti-inflammatory agents (NSAIDs).

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen is a topical NSAID. It is indicated for osteoarthritis for short-term use. Topical NSAID can reach systemic levels similar to oral NSAIDs. In this case, the claimant had been on oral NSAIDs. Length of use was not specified. The use of topical Flurbiprofen is not medically necessary.

**Retrospective: Tramadol 20% analgesic cream, apply 2 times daily, unknown quantity:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids, specific drug list.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical Tramadol is not supported by clinical evidence for arm control. In addition, the claimant was simultaneously provided other topical and oral opioids without indication of reduction. The use of topical Tramadol is not medically necessary.