

<b>Case Number:</b>	CM14-0093200		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 39-year-old female was reportedly injured on June 25, 2013. The most recent progress note, dated June 6, 2014, indicates that there were ongoing complaints of right shoulder pain. The physical examination demonstrated tenderness along the right upper trapezius muscles and lumbar paraspinals muscles with spasms. There was a normal upper extremity neurological examination. There was a positive straight leg raise test on the right at 25 and on the left at 35. There was a normal lower extremity neurological examination. A physical examination of the right shoulder revealed well-healed portals. There was tenderness at the right deltoid and the injured employee was unable to do internal and external rotation secondary to pain. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes right shoulder surgery, physical therapy, and oral medications. A request had been made for a topical compound of gabapentin/lidocaine/tramadol and flurbiprofen/tramadol and was not certified in the pre-authorization process on June 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin/Lidocaine/Tramadol 180 grams:** Upheld

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

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Gabapentin/Lidocaine/Tramadol is not medically necessary.

**Flurbiprofen/Tramadol 180 grams:** Upheld

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

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Flurbiprofen/Tramadol is not medically necessary.