

<b>Case Number:</b>	CM14-0098638		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 79 year old male with an injury date of 09/12/11. Based on the 02/03/14 progress report provided, the patient presents with jaw, neck, shoulder and arm pain. Patient's medications include Naproxen, Ketoprofen, tramadol and transderm patches. Patient is temporarily totally disabled for 45 days. Diagnosis 02/03/14:- jaw pain, temporomandibular joint (TMJ)- cervical radiculopathy- cervical sprain/strain- rotator cuff syndrome- shoulder sprain/strain- wrist sprain/strain, carpal- insomniaThe provider is requesting Compound topical cream (lidocaine 5%, gabapentin 10%, tramadol 15%, mediderm base) 240 gm. The utilization review determination being challenged is dated 06/05/14. The rationale is "ODG does not recommend compound topical analgesic creams."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Topical Cream (Lidocaine 5%, gabapentin 10%, tramadol 15%, mediderm base) 240 gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with jaw, neck, shoulder and arm pain. The request is for Compound topical cream (lidocaine 5%, gabapentin 10%, tramadol 15%, mediderm base) 240 gm. MTUS has the following regarding topical creams (p111, chronic pain section): "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. - Gabapentin: Not recommended." Requested topical cream contains Gabapentin, therefore the request is not medically necessary.