

<b>Case Number:</b>	CM14-0198737		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	11/02/2010
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 58 year old male with an injury date on 11/02/2010. Based on the 10/13/2014 progress report provided by the treating physician, the diagnoses are:1. Cervical pain2. Cervical sprain / strain3. Lumbar pain4. Lumbar radiculopathy5. Lumbar sprain / strainAccording to this report, the patient complains of "constant moderate neck pain, stiffness, heaviness, numbness, tingling and weakness radiating to down leg, left side, both legs numbness." The patient also complains of "frequent to constant moderate dull, sharp, stabbing, throbbing, burning low back pain, stiffness, heaviness, numbness, tingling and weakness radiating to left leg, left buttock, both leg with numbness." Objective findings indicate lumbar range of motion is decreased and painful. There is tenderness to palpation of the L5-S1 spinous processes and muscle spasm at the left gluteus muscle. Straight leg raise is positive on the left.The treatment plan is continue the use of prescribed medications and creams. The patient's work status was not mentioned in this report. There were no other significant findings noted on this report. The utilization review denied the request for compounds creams on 11/13/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 03/14/2014 to 10/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 10 Percent/ Dextromethorphan 10 Percent/ Gabapentin 10 Percent in Mediderm Base 210 Grams: Upheld**

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

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

**Decision rationale:** According to the 10/13/2014 report, this patient presents with constant moderate neck and low back pain. The current request is for Amitriptyline 10 Percent/ Dextromethorphan 10 Percent/ Gabapentin 10 Percent in Mediderm Base 210 Grams. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended." MTUS further states "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS also does not support gabapentin as a topical product. The current request is not medically necessary.

**Flurbiprofen 20 Percent, Tramadol 20 Percent in Mediderm Base 210 Grams: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** According to the 10/13/2014 report, this patient presents with constant moderate neck and low back pain. The current request is for Flurbiprofen 20 Percent, Tramadol 20 Percent in Mediderm Base 210 Grams. Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. MTUS then discusses various topical with their indications. However, there is no discussion specific to Tramadol cream. ODG guidelines do not discuss Tramadol topical either. MTUS does state on page 94 that Tramadol is indicated for moderate to severe pain. Tramadol is a synthetic opioid and usage of Tramadol requires documentation of the 4 A's as stated in MTUS page 78. The treating physician has failed to document (analgesia, ADL's, Adverse effects and Adverse behavior) as required by MTUS. The current request is not medically necessary.

**Gabapentin 10 Percent/ Dextromethorphan 10 Percent/ Amitriptyline 10 Percent in Mediderm Base 30 Gram: 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 Cream Page(s): 111-113.

**Decision rationale:** According to the 10/13/2014 report, this patient presents with constant moderate neck and low back pain. The current request is for Gabapentin 10 Percent/ Dextromethorphan 10 Percent/ Amitriptyline 10 Percent in Mediderm Base 30 Gram. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended." MTUS further states "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS also does not support gabapentin as a topical product. The current request is not medically necessary.

**Flurbiprofen 20 Percent, Tramadol 20 Percent in Mediderm Base 30 Gram:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, CRITERIA FOR USE OF OPIOIDS, On-Going Management, Medications for c.

**Decision rationale:** According to the 10/13/2014 report, this patient presents with constant moderate neck and low back pain. The current request is for Flurbiprofen 20 Percent, Tramadol 20 Percent in Mediderm Base 30 Gram. Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. MTUS then discusses various topical with their indications. However, there is no discussion specific to Tramadol cream. ODG guidelines do not discuss Tramadol topical either. MTUS does state on page 94 that Tramadol is indicated for moderate to severe pain. Tramadol is a synthetic opioid and usage of Tramadol requires documentation of the 4 A's as stated in MTUS page 78. The treating physician has failed to document (analgesia, ADL's, Adverse effects and Adverse behavior) as required by MTUS. The current request is not medically necessary.