

<b>Case Number:</b>	CM15-0009186		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	11/06/2002
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: California, New York, Florida

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

### 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 64-year-old female who reported an injury on 11/06/2002. On 12/04/2014, she presented for a followup evaluation. She reported frequency pain in the right shoulder described as aching and soreness, rated a 4/10 to 5/10. She also noted that her pain was improving. She also reported pain in the wrist rated at a 3/10, neck rated at a 4/10, and low back rated at a 7/10. She stated that her pain was reduced with rest, activity modifications, and heat. It was also noted that she had been undergoing physiotherapy and receiving topical creams. She reported that her Ultram ER was helpful in alleviating her pain. A physical examination showed that she ambulated normally. There was tenderness to the right shoulder to palpation of the acromioclavicular joint and acromion on the right. The impingement maneuver was positive on the right shoulder and the apprehension test revealed pain on the right shoulder. Range of motion of the right shoulder was noted to be decreased. Examination of the wrist showed tenderness to palpation in the medial aspect of the right and left wrists. Range of motion was decreased in the right wrist. The cervical spine showed tenderness to palpation with muscle guarding and spasms bilaterally at the C4-5. The Spurling's test and foraminal compression test were positive on both sides and range of motion was noted to be decreased due to pain and spasm. The lumbar examination showed tenderness to palpation at the L4-5 bilaterally with no tenderness at the SI joints. Range of motion was decreased due to pain. She also had tenderness to palpation of the knees and slight tenderness at the medial peripatellar with +2 crepitus on the right and left. Range of motion was noted to be normal. She was diagnosed with lumbar strain with RAD R/O lumbar spine discogenic disease, cervical spine disc disease, right shoulder

impingement, status post bilateral carpal tunnel release, and right "Duputen" release. The treatment plan was for tramadol 8%, gabapentin 10%, menthol 2%, camphor 2%, and flurbiprofen 20%. The rationale for treatment was to alleviate the injured worker's pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol 8%/Gabapentin 10%/Menthol 2%/Camphor 2%/Flurbiprofen 20%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111-114.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is also stated that topical gabapentin is not supported. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding multiple body areas. However, there is a lack of documentation showing that the injured worker has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. In addition, topical gabapentin is not recommended by the guidelines. Therefore, the topical compound cream requested containing gabapentin would not be supported. As such, the request is not medically necessary.