

<b>Case Number:</b>	CM15-0125102		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	10/30/2007
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 61 year old female, who sustained an industrial injury, October 30, 2007. The injury was sustained when the injured worker was ripping plastic off racked clothing. The injured worker began to develop pain in the neck, back, left shoulder and left arm. The injured worker previously received the following treatments random toxicology studies which were negative for any unexpected findings, chiropractic services and urology specialist. The injured worker was diagnosed with cervical muscoligamentous strain/sprain with radiculopathy, rule out cervical spine discogenic disease, thoracic muscoligamentous strain/sprain, lumbosacral musculoligamentous strain/sprain with radiculitis, rule out lumbosacral spine discogenic disease, left shoulder strain/sprain, left shoulder tendonitis, left elbow strain/sprain and left elbow lateral epicondylitis. According to progress note of June 15, 2015, the injured worker's chief complaint was neck, back, left shoulder and left arm pain. The physical exam noted cervical spine tenderness with palpation and spasms in the bilateral paraspinal muscles, occipital muscles, suboccipital muscles, bilateral trapezius muscles and levator scapula muscles. There was also decreased range of motion and positive compression testing. There was thoracic spine tenderness to palpation. There were spasms and trigger points in the bilateral upper, mid and thoracic region. There was lumbar spine tenderness with palpation in the bilateral paraspinal; muscles with decreased range of motion. The straight leg raises were positive bilaterally. There was left shoulder tenderness with palpation anteriorly, posteriorly and laterally. There was left elbow tenderness with palpation anteriorly and posteriorly. The Cozen's and Mill's test were positive. There was decreased motor strength bilaterally of the upper extremities at 4 out of 5. There was

decreased sensation of the bilateral upper extremities at the median nerve distribution. There were decreased dermatomes to the bilateral knee and ankles at 1 out of 2. There was decreased motor strength of the right lower extremity of 4 out of 5. There was decreased sensation of the right anterolateral thigh, anterior knee, medial leg and foot. The treatment plan included topical ointment of Gabapentin 10% m Cyclobenzaprine 6% and Tramadol 10%.

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

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

**Gabapentin 10% / Cyclobenzaprine 6% / Tramadol 10%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

**Decision rationale:** This claimant was injured in 2007 ripping plastic off racked clothing. There was pain in the neck, back, left shoulder and left arm. There were chiropractic services and a urology specialist assessment. The diagnoses were cervical musculoligamentous strain/sprain with radiculopathy, rule out cervical spine discogenic disease, thoracic musculoligamentous strain/sprain, lumbosacral musculoligamentous strain/sprain with radiculitis, rule out lumbosacral spine discogenic disease, left shoulder strain/sprain, left shoulder tendonitis, left elbow strain/sprain and left elbow lateral epicondylitis. There is no mention of oral medicine intolerance or gastrointestinal issue. As of June 2015, there was still pain and tenderness. The request was for a compounded agent. Per the Chronic Pain Medical Treatment Guidelines 8 Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.