

<b>Case Number:</b>	CM15-0061601		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	04/30/2004
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 38 year old man sustained an industrial injury on 4/3/2004 after a cart he was pushing got a wheel stuck in a hole and he attempted to grab the cart and support it with his right hand. Diagnoses include lumbosacral spine strain/sprain with disc protrusion, right shoulder sprain/strain, right hand/wrist pain, and cervical spinal cord tumor. Treatment has included oral medications and use of a lumbar spine brace. Physician notes dated 12/9/2014 show complaints of lumbar spine, shoulder, and right hand pain. Recommendations include exercise program, wean from the lumbar spine brace, and continue anti-inflammatory medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 5%/Tranadol 10%/Baclofen 2.5% in lipoderm base, 120 grams:** Upheld

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Tramadol cream as well as the other component of the proposed topical analgesic are effective in chronic pain management. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications (antidepressant and anticonvulsant). Therefore, the request for Gabapentin 5%/Tramadol 10%/Baclofen 2.5% in lipoderm base, 120 grams is not medically necessary.