

<b>Case Number:</b>	CM15-0079358		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	02/18/2012
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 53-year-old male sustained an industrial injury on 2/18/12. He subsequently reported neck, back shoulder and left knee pain. Diagnoses include sprains and strains of cervical and lumbar spine and left knee. Treatments to date include MRI testing, therapy, chiropractic care, and acupuncture and prescription pain medications. The injured worker continues to experience low back pain with radiation to the legs and right arm pain. Upon examination, tenderness was noted in the cervical spine and decreased range of motion was noted in the left knee, cervical and lumbar spine, muscle guarding with the cervical spine, normal gait pattern noted. A retrospective request for Flurbiprofen powder/Tramadol powder/Gabapentin powder/Dextromethorphan powder/Amitriptyline powder medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flurbiprofen powder/Tramadol powder/Gabapentin powder /Dextromethorphan powder/Amitriptyline powder (DOS 11/6/13): 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 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. That 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 powder as well as the other component of the proposed topical analgesic are effective in chronic pain management. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, the retrospective request for Flurbiprofen powder/Tramadol powder/Gabapentin powder/Dextromethorphan powder/Amitriptyline powder is not medically necessary.