

<b>Case Number:</b>	CM13-0024854		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 51 year old female with a date of injury of 5/27/10. The provider is retrospectively requesting prescriptions for Keto/Lido/Gaba/Cyclo 240gm, and Amit/Dextmm/Trarnado 240mg dispensed on 9/18/12. According to a report from [REDACTED] dated 8/30/12, the patient was experiencing headaches and pain in her shoulder and knee. Upon examination, she had tenderness in her cervical spine with decreased range of motion, right anterior and lateral deltoids with a painful range of motion, right knee joint line, left medial epicondyle, and bilateral basilar joints of her thumbs. She had positive bilateral Finkelstein's tests and Tinel's sign at the wrists and ulnar groove, and impingement and Neer's tests in her right shoulder. Her diagnosis included a closed head trauma, strain/sprain of her cervical spine and right shoulder, bilateral lateral epicondylitis, right knee internal derangement, and right shoulder impingement syndrome. The provider indicated that the topical medications were to be used for the right shoulder symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Keto/Lid/Gaba/Cyclo 240gm:** 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 Analgesics.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Guidelines state "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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 Chronic Pain Guidelines do not support topical use of the NSAID Ketoprofen. The Guidelines also do not support the topical use of Gabapentin. Therefore the request for a prescription for Keto/Lid/Gaba/Cyclo 240gm is not medically necessary and appropriate.

**1 Prescription of Amit/Dextrom/Tramadol 240gm:** 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 Analgesics.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Guidelines state "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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 Chronic Pain Guidelines do not support topical/transdermal use of Tramadol. Therefore the request for a prescription for Amit/Dextrom/Tramadol 240gm is not medically necessary and appropriate.