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| <b>Case Number:</b>   | CM13-0019288 |                              |            |
| <b>Date Assigned:</b> | 03/12/2014   | <b>Date of Injury:</b>       | 01/27/2006 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 08/02/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2013 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in California and Washington. 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/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 injured worker is a 50-year-old male who reported an injury on 01/27/2006. The mechanism of injury was not provided within the medical records. The clinical note dated 07/24/2013 indicated a diagnosis of internal derangement of the knee and lower leg injury. The injured worker reported right knee pain and requested a Synvisc injection. No physical examination was provided for review. The injured worker's treatment plan included a Synvisc injection of the right knee, ibuprofen, and creams. The injured worker's prior treatments included medication management. The injured worker's medication regimen included topical creams and ibuprofen. The provider submitted a request for tramadol/lidocaine/dextromethorphan/capsaicin cream. A request for authorization dated 07/24/2013 was submitted for topical creams. However, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Tramadol 15%/Lidocaine5%/ Dextromethorphan10%/Capsaicin.025%:**  
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 Page(s): 111-113.

**Decision rationale:** The request for prescription of Tramadol 15%/Lidocaine5%/Dextromethorphan10%/ Capsaicin.025% is not medically necessary. The California MTUS guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state topical capsaicin is only recommended as an option for injured workers who have not responded or are intolerant to other treatments. Additionally, the guidelines only recommend Lidocaine in the formulation of the dermal patch Lidoderm. Therefore, Lidocaine is not recommended. There was a lack of documentation of efficacy and functional improvement with the use of this medication. It was not indicated how long the injured worker had been utilizing this medication. In addition, it was not indicated the injured worker had tried and failed antidepressants and anticonvulsants. Moreover, it was not indicated the injured worker was intolerant to other treatments. Lastly, the request does not indicate a frequency or quantity for the cream. The requested cream contains at least one drug that is not recommended for topical use; therefore, use of the requested cream is not supported. As such, the request is not medically necessary.