

<b>Case Number:</b>	CM13-0030367		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	09/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 51-year-old female with a reported date of injury on 11/26/1012. The mechanism of injury was not provided within the clinical information available for review. The injured worker presented with mild discomfort over the lateral aspect of the ankle with swelling. The clinical information indicated the injured worker had a previous open reduction/internal fixation of the left ankle in 2012. Upon physical examination, the injured worker's ankle range of motion revealed right flexion to 40 degrees, left to 10 degrees, plantar flexion on the right to 20 degrees, on the left to 20 degrees. Sensation is intact to light touch, pin prick, and 2 point discrimination in all dermatomes in the bilateral lower extremities. The x-rays of the left ankle taken on 09/25/2013 revealed excellent alignment of the ankle, he joint space was maintained, and the ankle fracture was completely healed. In addition, the physician indicated the injured worker's symptoms were minimal and the injured worker could return to her usual and customary duties without restrictions. In addition, the clinical information indicated the injured worker completed physical therapy, the results of which were not provided within the documentation available for review. The injured worker's diagnosis included left ankle fracture, status post open reduction/internal fixation with healing. The injured worker's medication regimen was not provided within the documentation available for review. The request for authorization for Dextromethorphan 10%, prescription of Flurbiprofen 20% W/5% menthol, 5% camphor, 1% lipo base of 130 mL, prescription of Capzasin 0.25% in lipo base of 130 mL, and prescription of tramadol 15% was submitted on 09/02/2013. The rationale for the request was not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF DEXTROMETHORPHAN 10%:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Rxlist.com.

**Decision rationale:** According to RxList.com, Dextromethorphan is an oral cough suppressant available in the U.S. without a prescription. Dextromethorphan is chemically related to codeine and acts in the brain to suppress cough, but it does not have the pain relief and active properties of codeine. The rationale for the request is not provided within the documentation available for review. The clinical notes lack documentation of a cough, cold, or other signs and symptoms that would warrant the use of a cough or cold medicine. In addition, the request as submitted failed to provide frequency and directions for the use of Dextromethorphan 10%. Therefore, the request for Dextromethorphan 10% is not medically necessary.

**PRESCRIPTION OF FLURBIPROFEN 20% W/5% MENTHOL, 5% CAMPHOR, 1% LIPOBASE OF 130 ML:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & Adverse Effects, Flurbiprofen, Topical Analgesics Page(s): 72 and 111.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Flurbiprofen is recommended for osteoarthritis and mild to moderate pain. Maximum dose is 300 mg per day. Topical analgesics are recommended, although largely experimental in use with a few randomized controlled trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The effectiveness of nonsteroidal anti-inflammatory agents in clinical trials has been inconsistent, and most studies are small and of short duration. Topical NSAIDs have been shown to be superior during the first 2 weeks of treatment, with a diminished effect over another 2 week period. The documentation provided for review lacks the rationale for the request. In addition, there is a lack of documentation of the injured worker's functional deficits. The clinical information provided, lacks documentation as to the failure in the utilization of antidepressants for pain. In the clinical note dated 09/25/2013, it was indicated that the injured worker has no restrictions at work or with her activities of daily living. In addition, the request as submitted failed to provide frequency and specific site at which the topical was to be utilized. Therefore, the request for Flurbiprofen 20% W/5% menthol, 5% camphor, 1% lipo base of 130 mL is not medically necessary.

## **PRESCRIPTION OF CAPZASIN 0.25% IN LIPOBASE OF 130 ML: 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, Capsaicin Page(s): 112.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Capzasin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capzasin is generally available as a 0.025% formulation and a 0.075% formulation. There is no current indication that this increase over 0.025% formulation would provide any further effectiveness. In addition, the guidelines state it should be considered experimental in very high doses. The documentation provided for review lacks the rationale for the request. In addition, there is a lack of documentation related to the injured worker's functional deficits and failure from previous treatments to include antidepressants. In addition, the request as submitted failed to provide frequency and specific site at which the capsaicin was to be utilized. As the guidelines do not recommend Capzasin over 0.025% formulation, the request for Capzasin 0.25% in lipo base of 130 mL is not medically necessary.

## **PRESCRIPTION OF TRAMADOL 15%: 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 Opioids, specific drug list, Tramadol Page(s): 111 and 113.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally active synthetic opioid analgesic and is not recommended as a first line oral analgesic. Topical analgesics are recommended as an option. Although largely experimental, with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical information provided for review lacks the rationale for the request. In addition, there is lack of documentation related to neuropathic pain or functional deficits. The clinical note dated 09/25/2013 indicates that the injured worker has no functional deficits and is released back to work without restrictions. There is a lack of documentation related to the failure of use of antidepressants or anticonvulsants. In addition, the request as submitted failed to provide frequency and specific site at which the Tramadol was to be utilized. Therefore, the request for a prescription of Tramadol 0.25% in lipo base of 130 mL is not medically necessary.