

<b>Case Number:</b>	CM13-0031035		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	11/30/2011
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Family Practice 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 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 48-year-old female who reported a work-related injury on 11/30/2011. The patient complains of chronic shoulder pain, right wrist pain, and left knee pain. The patient has undergone chiropractic treatment, physical therapy, acupuncture, and medication management. Her diagnoses include residual sprain of cervical spine, sprain of the right shoulder, lateral epicondylitis of right elbow, rule out carpal tunnel syndrome right wrist, sprain of the left knee, and patellofemoral pain syndrome. The patient has reached maximum medical improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**240 Gram compound capsaicin 0.025%, flurbiprofen 20%, tramadol 10%, menthol 2%, camphor 2%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 28,111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The most recent clinical documentation submitted dated 03/07/2013 stated an MRI for the left knee was still pending. The patient stated she had mild improvement in her right shoulder. Objective findings noted diffuse tenderness to palpation on trapezius of right

shoulder and tenderness to palpation diffusely to left knee. The treatment plan for the patient included an orthopedic referral for right shoulder, pain management for left knee, a urinalysis for medication compliance and toxicology, acupuncture, and chiropractic treatments. California Medical Treatment Guidelines for Chronic Pain indicate that topical analgesics are recommended as an option and are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines state that capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. There is a lack of documentation stating the patient had been intolerant of other medications. Guidelines further state that there are no long-term studies to allow for recommendations for the use of tramadol for longer than 3 months. California Medical Treatment Guidelines for Chronic Pain state that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. Therefore, the 240 gram compound capsaicin 0.025%, flurbiprofen 20%, tramadol 10%, menthol 2%, camphor 2% is not medically necessary.

**240 Gram compound flurbiprofen 20%, tramadol 20%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 28, 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Specific Opioids: Tramadol Page(s): 111-113, 84.

**Decision rationale:** The recent clinical documentation noted that the patient's compounded creams were recommended for the patient to apply twice daily for pain, reconditioning of functional capacity and for the improvement of ability to perform daily living activities. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. Guidelines further state that many agents are compounded as monotherapy or in combination for pain control and there is little to no research to support the use of many of these agents. Guidelines indicate that tramadol has been noted to decrease pain intensity, produce symptom relief, and improve function for a time period of up to 3 months, but the benefits were small. The use of tramadol is not recommended for longer than 3 months. Guidelines further state that topical nonsteroidal anti-inflammatory drugs (NSAIDs) may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical NSAIDs are recommended for short-term use for 4 to 12 weeks. Guidelines further state there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support use for neuropathic pain. Therefore, the 240 gram compound flurbiprofen 20%, tramadol 20% is not medically necessary.

**30x medrox patch refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DailyMed website

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The most recent clinical documentation submitted for review stated that the patient had mild improvement to her right shoulder and complained of left knee and right shoulder pain. The patient had tenderness to palpation of the right shoulder and left knee. MRI of the right shoulder dated 09/12/2012 revealed acromioclavicular osteoarthritis. MRI of the left knee dated 03/05/2012 revealed a possible meniscal tear. The patient's diagnoses were right shoulder arthropathy and left knee internal derangement. The Medrox patch includes methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%. California Chronic Pain Medical Treatment Guidelines indicate that Capsaicin is only recommended as an option for patients who have not responded to or have been intolerant of other treatments. There is a lack of documentation stating the patient had been intolerant to other treatments. Guidelines further state that there have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Capsaicin should be considered experimental in very high doses. Guidelines indicate that capsaicin may be useful in patients whose pain has not been controlled successfully with conventional therapy. There is a lack of evidence in the submitted documentation stating that the patient had failed conventional therapy for her pain. Guidelines also indicate that topical NSAIDs are recommended for a short-term use of 4 to 12 weeks and there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Given the above, the Medrox patch refill is not medically necessary.