

<b>Case Number:</b>	CM13-0031063		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	03/17/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/23/2013
<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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 56-year-old female who sustained a work related injury on 03/17/2012. The patient's diagnoses include ankle internal derangement, ankle sprain/strain, and hypertension. Subjectively, the patient reported complaints of bilateral ankle pain which she rated 8/10. Objectively, the patient had decreased range of motion, tenderness to palpation, and a positive inversion test bilaterally. The treatment plan included request for authorization for chiropractic care and referral to an MD for medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Medication: Capsaicin 0.025% #6, Flurbiprofen 20% #48, Tramadol 10% #24, Menthol 2% #4.8, and Lipoderm base: 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): 111-112.

**Decision rationale:** CA MTUS Guidelines indicate that "the only FDA approved Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S agent for topical use is Voltaren Gel 1%." Flurbiprofen is an NSAID and is not recommended for topical use per guidelines or the FDA. Additionally,

tramadol is a synthetic opioid and guidelines do not recommend the use of opioids in a topical formulation. While guidelines do recommend the use of capsaicin in patients who are intolerant to or have not responded to other treatments, the clinical provided lacks documentation that other treatments have been attempted and failed. Guidelines further indicate if an ingredient in a topical compound is not recommended then the topical compound as a whole cannot be recommended. As such, the request for compound medication capsaicin 0.025% #6, flurbiprofen 20% #45, tramadol 10% #24, menthol 2% #4.8, and Lipoderm base is non-certified.