

<b>Case Number:</b>	CM13-0033078		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Emergency Medicine, 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 was injured on 3/15/13 by tripping and falling while at the worksite. The right shoulder, hands, lower back, and knees were injured. The patient has diagnoses of lumbosacral sprain/strain, right sacroiliac joint arthropathy, right shoulder pain, and right knee pain. Reports from [REDACTED] state that the patient has been referred to orthopedics, but there are no related reports. The patient complains of low back pain, knee pain, and shoulder pain. The patient reports a 50% improvement in the low back and shoulder pain, but the right knee pain is getting worse. There is no pain to the lower extremities. Knee pain improves from 6/10 to 3/10 with pain medications. Objective exam reveals normal gait, tenderness to the lumbar spinal region, more severe in the lumbosacral region. There is tenderness to the midline lumbar spine, and muscle spasms are noted in the bilateral lumbar spine. The patient has normal reflexes and strength. Sensation is normal. Straight leg raise is negative. There is decreased lumbar spine range of motion with spasms. Knee exam reveals tenderness over the anterior, supra patellar pain, grinding with flexion, and pain noted with flexion and extension. The patient is currently undergoing physical therapy and chiropractic treatments. An x-ray of the right knee dated 8/26/13 reveals degenerative joint disease with osteophytes and joint space narrowing. The patient is currently on Naprosyn, Tizanidine, and Omeprazole. Previous medications include the Medrox patch, but this has been switched to the requested topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/Gabapentin/Menthol/Camphor/Capsaicin cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Tramadol/Gabapentin/Menthol/Camphor/Capsaicin cream.

**Decision rationale:** The requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, "any compounded product that contains one drug or drug class that is not recommended is not recommended." Tramadol is a unique opioid with norepinephrine uptake inhibitor activity. It is FDA approved for oral consumption only. There is no evidence for its use as an unapproved topical product. It is not recommended. Gabapentin is an anti-epileptic. As per MTUS guidelines it is not recommended; there is no evidence to support its use as a topical product. There is no specific reference in the MTUS guidelines. As per MTUS guidelines, Capsaicin may be effective in muscular skeletal or neuropathic pain. However, it is considered a second-line treatment and is only recommended after failure of first line treatment. There is no documentation of failure of 1st line treatment; the patient is only on Naprosyn, and there are other oral medications that can be considered before moving on to a 2nd line treatment. Capsaicin is therefore not recommended. The requested compounded cream contains multiple non-recommended medications. Therefore, it is not medically necessary.