

<b>Case Number:</b>	CM13-0042446		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Neurological Surgery, 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 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 records, presented for review, indicate that this 53-year-old female was reportedly injured on September 6, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated September 6, 2013, indicated that there were ongoing complaints of neck pain, upper back pain, right shoulder pain, right hip pain, and low back pain. No physical examination was performed and no information was provided regarding diagnostic imaging or previous treatment. A request had been made for compounded medications with Capsaicin, Flurbiprofen, Tramadol, Menthol, and Camphor and was not certified in the pre-authorization process on October 17, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded medication: 240gm Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 20%, Menthol 2%, Camphor 2%:** Upheld

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

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for Capsaicin /Flurbiprofen /Tramadol /Menthol /Camphor is not medically necessary.

**Compounded medication: Flurbiprofen 20% 240gm and Tramadol 20%:** Upheld

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

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for Flurbiprofen/Tramadol is not medically necessary.