

<b>Case Number:</b>	CM13-0055474		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Internal Medicine and 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 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 42-year-old male who reported an injury on 08/15/2012. The mechanism of injury was not stated. The injured worker is currently diagnosed with history of opiate addiction, history of bilateral hand trauma; myospasm and myofascial trigger points, lumbar radiculopathy, and status post traumatic injury. The most recent physician progress report submitted for review is documented on 09/13/2013 by [REDACTED]. The injured worker was status post lumbar epidural steroid injection on 08/23/2013. The injured worker was also attending physical therapy. Physical examination revealed limited lumbar range of motion and an antalgic gait. The injured worker also demonstrated lumbar paraspinous muscle spasm with myofascial trigger points with twitch response and referred pain, as well as decreased sensation in the L5-S1 distributions with positive straight leg rising. Treatment recommendations included continuation of current physical therapy and continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND: TRAMADOL 15%/LIDOCAINE 5%/DEXTROMETHORPHAN 10%/CAPSAICIN 0.025%:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first-line therapy. Capsaicin is recommended only as an option in injured workers who have not responded or are intolerant to other treatments. There are no guideline recommendations for the use of an opioid as a topical product. There is no documentation of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request is non-certified.