

<b>Case Number:</b>	CM13-0056336		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/22/2010
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 65-year-old female with the date of injury on 10/22/10 secondary to repetitive motion and chemical exposure. Diagnoses include pulmonary insufficiency, bilateral carpal tunnel syndrome, and anxiety. On 06/20/13 subjective complaints included bilateral wrist pain, severe low back pain, continued upper back pain, and difficulty with sleep, anxiety, stress and depression. She was noted to have weak grip strength bilaterally, tenderness to the wrists and lumbar spine, and was considering surgical intervention for the wrists. On 10/03/13 the patient continued to report bilateral hand pain with numbness and tingling as well as dropping of objects. Low back pain and difficulty walking were reported. She continued to report weak grip strength bilaterally at 4/5 and tenderness to the right wrist at the joint line and at the ulnar aspect of the triangular fibrocartilage complex. She remained permanent and stationary plan it was felt she would benefit from transdermal medications. A Utilization Review on November 1, 2013 noncertified the request for compounded topical cream containing tramadol, Gabapentin, menthol, camper, and capsaicin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Tramadol/Gabapentin/Menthol/Camphor/Capsaicin (DOS 10/03/2013):** 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): 111-113.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines on Topical Analgesics indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records provided do not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. It is also noted this particular formulation contains agents that are not recommended for topical use under guidelines, specifically Tramadol and Gabapentin. The guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of antiepilepsy drugs as a topical product, nor is there evidence for efficacy and safety of topical Tramadol. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The request is not medically necessary and appropriate.

**Retrospective request for Flurbiprofen/Cyclobenzaprine (DOS 10/03/2013):** 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): 111-113.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines on Topical Analgesics indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records provided do not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. It is also noted this particular formulation contains agents that are not recommended for topical use under guidelines, specifically Cyclobenzaprine. The guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for the safety and efficacy of muscle relaxants in topical use. The dose/quantity/frequency is not identified in this request. The medical records do not support failure of first-line oral agents in this case, and the compounded product contains agents that are not supported by evidence-based guidelines. The request is not medically necessary and appropriate.