

<b>Case Number:</b>	CM13-0057528		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/16/1998
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 66-year-old male with a date of injury of 2/16/98. The listed diagnoses are post laminectomy syndrome and failed back syndrome. According to a report dated 11/7/13, the patient presents with continued low back pain. It was also noted that pain increases at night when he lies down to sleep; it is the same or worse based on weight lifting at therapy. It is noted that patient is taking Flexeril, ibuprofen, and Ultram. The treating physician is requesting a compounded cream to be applied to the affected area, as this patient is unable to take oral Tramadol as it causes itchiness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for a compounded medication:** 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 Page(s): 111.

**Decision rationale:** The patient presents with continued low back pain. The treating physician is requesting a compound cream (capsaicin 0.0375%, menthol 10%, camphor 2.5%, Tramadol

20%). The MTUS guidelines state that topical agents are largely experimental in use with few randomized controlled trials to determine efficacy or safety; any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The MTUS guidelines allow capsaicin for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS considers doses that are higher than 0.025% to be experimental particularly at high doses. This compound cream contains 0.0375% of capsaicin which is not supported by MTUS guidelines. Tramadol is also not recommended as a topical formulation. As such, the requested compounded medication is not medically necessary and is therefore noncertified.