

<b>Case Number:</b>	CM13-0068956		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/17/2009
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Internal 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 is a 48-year-old female with a date of injury on 11/17/2009 where she fell at work on a wet floor and her left leg 'folded' and she landed directly on it. She has suffered from left knee pain and lumbar back pain since. She has had a decompressive surgery that failed in 2011 and a lumbar fusion in April 2012. She continues to suffer from chronic pain. She has had epidural steroid injections, physical therapy and aqua therapy, and takes both opioid and non-opioid medication. She is currently using a topical combination analgesic formulation of Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, and Camphor 2%. The current request is for the compounded medication above.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound topical cream: Capsaicin 0.025%/ Flurbiprofen 15%/ Tramadol 15%/ Menthol 2%/ Camphor 2%/ times 240 gm:** Upheld

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

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

**Decision rationale:** The MTUS guidelines indicate that one medication should be trialed at a time and documentation of the outcome should take place. The employee is currently on a multi-combination topical compounded medication of Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, and Camphor 2%. For topical analgesics, Capsaicin is recommended only to be used if other medications have been tried and failed or intolerant to other treatments. There is no documentation to treatment failures of any medications discussed in the available notes and no documentation of single agent trials. Therefore, based on MTUS guidelines, the Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, and Camphor 2%, is not medically necessary.