

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0001200 |                              |            |
| <b>Date Assigned:</b> | 01/22/2014   | <b>Date of Injury:</b>       | 05/09/2012 |
| <b>Decision Date:</b> | 10/01/2014   | <b>UR Denial Date:</b>       | 12/20/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/03/2014 |

### 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, 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 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 patient is a 60-year-old male with an injury date of 05/09/12. Per the 12/10/13 report by [REDACTED], the patient presents with right shoulder pain rated 3/10. The patient was instructed to remain off work until 12/10/13. Examination reveals limited range of motion of the right shoulder. This handwritten report is partly illegible. The patient's diagnoses include 1. Biceps tendon rupture; 2. Tear/torn rotator cuff. The utilization review being challenged is dated 12/19/13. Treatment reports were provided from 06/08/13 to 12/10/13.

### 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 Topical Analgesics.

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

**Decision rationale:** The patient presents with right shoulder pain. The treater request for Tramadol 15%, Lidocaine 5%, dextromethorphan 10%, Capsaicin 0.025% cream. The MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no

research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, tramadol is not supported for topical formulation. Recommendation is for denial.