

<b>Case Number:</b>	CM14-0004203		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 44-year-old female who reported an injury on 04/25/2014. The mechanism of injury was not provided for review. Within the clinical note dated 11/18/2013, the injured worker complained of low back pain and coccyx pain. She reported having a fall due to instability and dizziness, and sustained injuries to her foot and increasing pain in her low back. The injured worker underwent x-rays of the coccyx which revealed a slight gap between the first and second coccyx bone which is a larger space than normal which may indicate a possible sprain or strain. Upon the examination, the provider indicated the injured worker had a left antalgic gait. He indicated the injured worker to have decreased range of motion of the left knee. There was limitation in motion of the lumbar spine with paravertebral tenderness and spasms, especially marked on the left side. There was tenderness over the coccyx area. The provider noted a positive patellofemoral compression sign on the left knee. The diagnoses included left knee sprain/strain, lumbar spine sprain/strain and coccyx strain due to left knee instability. The conservative treatment the injured worker has undergone is physical therapy, medication regimen which includes topical ointment and pain medication. The provider recommended compound capsaicin, menthol, camphor, tramadol, and a compound flurbiprofen, diclofenne. However, a rationale was not provided for review. The request for authorization was submitted and dated 11/18/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MED: COMPOUND/CAPSALCIN .0375%, MENTHOL 10%/CUMPHOR 2%/TRAMADOL 20% APPLY TO AFFECTED AREA 15 MIN BEFORE EXERCISE AS NEEDED 240GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for compound capsaicin, menthol, camphor, tramadol to be applied to the affected area 15 minutes before exercise as needed 240 gm is non-certified. The injured worker complained of low back pain and coccyx pain. The injured worker reported instability and dizziness. The California MTUS Guidelines note topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines note any compounded product that contains 1 drug or drug class that is not recommended is not recommended. Topical analgesics are indicated for osteoarthritis and tendonitis, in particular, that of the knee and elbow and other joints that are amenable to topical treatment. The guidelines recommend for short-term use of 4 to 12 weeks. Capsaicin is generally available as a 0.025 formulation. There have been no studies of a 0.0375% formulation of capsaicin, and there is no current indication that this increase over 0.025% formulation would provide further efficacy. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. There is a lack of documentation the injured worker had signs and symptoms or diagnosed with osteoarthritis. There is a lack of documentation indicating the injured worker to be diagnosed with neuropathic pain. There is a lack of documentation indicating the injured worker had tried and failed first line agents for the management of neuropathic pain. The request contains capsaicin 0.0375% which exceeds the guidelines recommendations of 0.025%. The request submitted failed to provide the frequency of the medication. In addition, the request did not specify a treatment site. Therefore, the request for compound capsaicin, menthol, camphor, tramadol to be applied to the affected area 15 minutes before exercise as needed 240 gm is not medically necessary.

**MED:COMPOUND/ FLURBIPROFEN 25%/DICLOFENNE 10% APPLY TO AFFECTED AREA TWICE DAILY, 240GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for compound Flurbiprofen 25%/Diclofenac 10% apply to affected area twice daily 240 gm is non-certified. The injured worker complained of low back pain and coccyx pain. The injured worker reported having instability and dizziness. The California MTUS Guidelines note topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines note any

compounded product that contains 1 drug or drug class that is not recommended is not recommended. Topical analgesics are indicated for osteoarthritis and tendonitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. The guidelines recommend topical analgesics for short-term use of 4 to 12 weeks. Flurbiprofen is indicated for osteoarthritis and mild to moderate pain. The guidelines note the usual length of therapy is 7 to 14 days. There is a lack of documentation indicating the injured worker had signs and symptoms or diagnosed with osteoarthritis. The documentation provided did not indicate the injured worker to be diagnosed with neuropathic pain. Within the clinical notes, there was a lack of documentation indicating the injured worker had tried and failed first line agents per management of neuropathic pain. Additionally, the injured worker had been utilizing the medication for an extended period of time since at least 11/2013 which exceeds the guidelines recommendation of short-term use of 4 to 12 weeks. The request submitted failed to provide the frequency of the medication. In addition, the request did not specify the treatment site. Therefore, the request for compound Flurbiprofen 25%/Diclofenac 10% apply to affected area twice daily 240 gm is not medically necessary.