

<b>Case Number:</b>	CM14-0006784		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	12/12/2006
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Occupational 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 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 47-year-old female who has submitted a claim for herniated disc, lumbar radiculitis status post lumbar surgery associated with an industrial injury date of December 12, 2006. Medical records from 2012-2013 were reviewed. The patient complained of persistent pain over the left sacroiliac joint area, on the area of the lumbar hardware. Physical examination showed tenderness on the bilateral sacroiliac joints, left more than the right. There was decreased range of motion of the lumbar area due to pain. FABER sign was positive. There was decreased sensation on the left S1 dermatome. X-ray of the lumbar spine, dated November 2, 2012 revealed L4-S1 postoperative changes, disk spacer material at the L4-L5 level partially protected over the anterior canal, and mild degenerative changes and age-related changes noted. The treatment to date has included medications, physical therapy, home exercise program, and activity modification. Utilization review, dated January 8, 2014, denied the request for retrospective compound medication: 3gm Menthol, 9gms Camphor, 0.1gms Capsaicin because any compounded product that contains at least one drug that is not recommended is not recommended. In addition, there is lack of medical necessity or justification for the use of compound cream in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE COMPOUND MEDICATION: 3 GMS MENTHOL, 9 GMS CAMPHOR, .01 GMS CAPCAISIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate and Topical Analgesics Page(s): 105,111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Salicylate Topicals.

**Decision rationale:** According to page 111 -113 of the California MTUS Chronic Pain Medical Treatment Guidelines, the use of topical creams are only optional and is still largely experimental in use with few randomized controlled trials to determine efficacy or safety. Most of these agents are compounded. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. California MTUS state that Capsaicin is only recommended as an option for patients who have not responded or are intolerant to other treatments. Regarding the Menthol component, California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. Additionally, the guidelines state that there is no evidence to support the use of camphor. In this case, the compounded medication was requested on October 18, 2013. However, the rationale is unknown due to lack of documentation. The patient has been using compounded topicals previously but did not discuss the beneficial effects of the medication such as improved activities of daily living. Also, the patient is on oral pain medications and there is no discussion in the medical records that the patient has not responded or intolerant to other treatments. The requested medication contains drug components that are not recommended for topical use. Therefore, the request for retrospective compound medication: 3 GMS Menthol, 9 GMS Camphor, .01 GMS Capcaisin is not medically necessary.