

<b>Case Number:</b>	CM14-0007881		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	11/04/2008
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Emergency 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:

Patient with reported date of injury of November 4, 2008. Mechanism of injury described as arm being caught in a machine. Patient has a diagnosis of R elbow sprain/strain, crush injury to wrist, diabetes, hypertension, stress and anxiety and insomnia. There is a report that his R hand was amputated and that he wears a prosthetic. Multiple medical records reviewed from primary treating physician. Last note available until January 28, 2014. Several progress reports are hand written and is barely if not completely illegible. Most legible and complete note is from December 19, 2013 which was the initial assessment and report. Patient complains of R elbow pain. Pain is 8/10. Patient also has burning pain to wrist stump and is 8/10 intensity. Objective exam note from progress notes are very brief and limited and basically states "R wrist/elbow s/p amputation tender to palpation." Nothing else is legible. Note from December 19, 2013 states that R shoulder exam was normal, R elbow has tenderness to palpitation with associated spasms of R elbow.(a note mentions that patient is status post elbow amputation?) R wrist exam is tenderness and spasms of R wrist and is post hand amputation. There is noted decreased range of motion of R elbow and R wrist. Note mentions a concern for phantom limb syndrome or potential reflex sympathetic dystrophy. Note from December 19, 2013 requests the compounded medications below. Medication list from December 19, 2013 is norco, codeine, lisinopril, metformin, insulin and simvastatin. Note mentions starting gabapentin and other creams. Utilization review is for compounded medication: amitriptyline 4%, dextromethorphan 10% and tramadol 20%; compounded medication Capsaicin/menthol/camphor/tramadol and compounded medication Flubiprofen/Diclofenac. Prior UR on 1/9/14 recommended non certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUNDED MEDICATIONS: AMITRIPTYLINE 4%, DEXTROMETHORPHAN 10%, TRAMADOL 20%: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TOPICAL ANALGESICS, 111-113

**Decision rationale:** The requested product is a compounded cream composed of multiple medications. According to the Chronic Pain Medical Treatment Guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." Amitriptyline: According to the Chronic Pain Medical Treatment Guidelines, there is no evidence to support the use of a topical antidepressant. It is not FDA approved for topical application. According to the Chronic Pain Medical Treatment Guidelines, only FDA approved products are recommended. Dextromethorphan: There is no evidence to support the use of topical dextromethorphan. It is not FDA for topical application. According to the Chronic Pain Medical Treatment Guidelines, only FDA approved products are recommended. Tramadol: Topical Tramadol is not an FDA approved application. According to the Chronic Pain Medical Treatment Guidelines, only FDA approved products are recommended. It is also present in another requested compounded cream increasing risk of toxicity. None of the requested topical compounds have evidence to support its use and all are not FDA approved for topical application. The request for compounded medications amitriptyline 4%/dextromethorphan 10%/tramadol 20% is not medically necessary or appropriate.

**COMPOUND MEDICATIONS: CAPSAICIN 0.0375%, MENTHOL 10%, CAMPHOR 2.5%, TRAMADOL 20%: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TOPICAL ANALGESICS, 111-113

**Decision rationale:** The requested product is a compounded cream composed of multiple medications. According to the Chronic Pain Medical Treatment Guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. Patient has constant pains that have only started treatment by the primary treating physician. There is no documentation of treatment failure or a successful trial of

capsaicin. It is not recommended. Tramadol: Topical Tramadol is not an FDA approved application. According to the Chronic Pain Medical Treatment Guidelines, only FDA approved products are recommended. It is also present in another requested compounded cream increasing risk of toxicity. Camphor/Menthol: There is no data on these compounds in the MTUS or ODG. There are likely fillers. The requested compound has capsaicin that does not meet the Chronic Pain Medical Treatment Guidelines for recommendation and has a non-FDA application of tramadol that is also present in another cream. The request for compound medications capsaicin 0.0375%/menthol 10%,/camphor 2.5%/tramadol 20% is not medically necessary or appropriate.

**COMPOUND MEDICATIONS: FLURBIPROFEN 25%/DICLOFENAC 10%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: FLURBIPROFEN 20%, DICLOFENAC 10%, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TOPICAL ANALGESICS, 111-113

**Decision rationale:** The requested product is a compounded cream composed of multiple medications. According to the Chronic Pain Medical Treatment Guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." Flurbiprofen: Flurbiprofen is an NSAID (non-steroidal anti-inflammatory drug). According to the Chronic Pain Medical Treatment Guidelines, there is data that shows that it is superior to placebo for musculoskeletal and osteoarthritic pain. Diclofenac: Diclofenac is an NSAID. According to the Chronic Pain Medical Treatment Guidelines, there is data that shows that it is superior to placebo for musculoskeletal and osteoarthritic pain. There is no documentation or evidence to support using two topical NSAIDs for the patient's pain. There is a risk of toxicity when using 2 NSAIDs at once. The request for compound medications flubiprofen 25%/diclofenac 10% is not medically necessary or appropriate.