

<b>Case Number:</b>	CM14-0012485		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/17/2002
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 98 year old male injured on 03/17/02 due to undisclosed mechanism of injury resulting in injury to the left wrist/hand, left hip, low back, neck, bilateral knees, and bilateral shoulders. The injured worker sustained right hip fracture on 03/07/12 due to undisclosed mechanism. The most recent clinical note dated 11/27/13 was handwritten and difficult to decipher. Diagnoses listed as joint disorder of the left leg, carpal tunnel syndrome, and disc degeneration. There was no additional clinical documentation submitted for review. Initial request was non-certified on 01/07/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request DOS: 11/15/13 for Flurbiprofen/Menthol/Camphor/Lidocaine:**  
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:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous

clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Flurbiprofen which has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Retrospective request DOS: 11/15/13 for Flurbiprofen/Menthol/Camphor/Lidocaine cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

**Retrospective request DOS: 11/15/13 for  
Tramadol/Dextromethorphan/Capsaicin/Lidocaine: 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:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Tramadol and Dextromethorphan which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Retrospective request DOS: 11/15/13 for Tramadol/Dextromethorphan/Capsaicin/Lidocaine cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.