

<b>Case Number:</b>	CM14-0018935		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	12/15/2008
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Orthopedic Surgery, has a subspecialty in fellowship trained Spine Surgery, 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 43 year old male injured on 12/15/08 due to lifting. Current diagnoses included cervical disc displacement, radiculopathy, sprain strain of the shoulder joint rule out internal derangement, medial epicondylitis of the right elbow, intervertebral disc displacement of the lumbar spine, and internal derangement of the left knee. Clinical note dated 01/30/14 indicated the patient presented complaining of burning radicular neck pain and muscle spasms rated at 7/10; burning shoulder pain radiating down the extremity with associated muscle spasms also rated at 7/10; burning radicular low back pain and muscle spasms rated at 7-8/10 described as frequent to constant, mild to moderate to severe; and sharp left knee pain and muscle spasms rated at 6-7/10. The patient stated the symptoms persisted but the medications offered him temporary pain relief and improved his ability to have restful sleep. Physical examination revealed cervical spine tenderness to palpation, trigger points at left upper trapezius, decreased range of motion, maximal neural foraminal compression, and positive Spurling and distraction tests. Examination of right shoulder revealed positive tenderness at acromioclavicular joint, subacromial space and rotator cuff attachment sites. Physical examination of the lumbar spine revealed lumbar paraspinal muscle guarding, decreased range of motion, straight leg raise positive bilaterally, positive foot, and tripod. Request for Terocin patches for pain relief was submitted. Medications included Dicoprofenol, Depriazine, Fanatrex, Synapryn, Tabradol, the request for menthol/ camphor/ capsaicin/ diclofenac, dextromethorphan/ tramadol/ amitriptyline, diclofenac cream (duration and frequency unknown) dispensed on 03/19/13 was initially non-certified on 02/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MENTHOL/CAMPHOR/CAPSAICIN/DICLOFENAC, DEXTROMETHORPHAN/  
TRAMADOL/AMITRIPTYLINE, DICLOFENAC CREAM (DURATION UNKNOWN  
AND FREQUENCY UNKNOWN) DISPENSED ON 03/19/2013: 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. There is no indication in the documentation that these types of medications have been trialed and/or 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: Dextromethorphan/ Tramadol/Amitriptyline 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 Menthol/ Camphor/ Capsaicin/ Diclofenac, Dextromethorphan/ Tramadol/ Amitriptyline, Diclofenac Cream (duration unknown and frequency unknown) dispensed on 03/19/2013 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.