

<b>Case Number:</b>	CM14-0116990		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in California and Washington. 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 24-year-old female who reported an injury on 04/01/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 05/28/2014 indicated diagnoses of right foot ankle sprain/strain, right lower extremity neuropathy and radiculopathy, lumbar spine sprain/strain with radiculopathy, posterior tibialis tenosynovitis, and small tibiotalar joint effusion. The injured worker reported low back pain that was moderate and intermittent and frequent with worsening radiation, numbness, and tingling down her right foot. She reported the pain increased at night and with prolonged standing and increased in the morning. The injured worker also reported right foot constant pain rated as moderate to occasionally severe with radiation to her knee with occasional numbness and tingling sensation that increased at night and decreased in the morning. She reported her pain was well controlled with medication and denied any side effects at this time, with the exception of persistent reflux and stomach burning. She reported antacids did help. On physical examination of the lumbar spine, there was tenderness to palpation with spasms of the paraspinals with limited range of motion secondary to pain. The injured worker had a positive sitting root test. The examination of the lower extremity revealed tenderness to palpation of the right medial ankle and tenderness to deep palpation of the right plantar ligament with limited range of motion secondary to pain. The injured worker's toe range of motion was decreased with pain. The treatment plan included a request for acupuncture and refill of medications. The injured worker's prior treatments included physical therapy and medication management. Her medication regimen included transdermal compounds and Pantoprazole. The provider submitted a request for transdermal compounds. A Request for Authorization dated 11/06/2013 was submitted for review to include the date the treatment was requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%/ Flurbiprofen 15%/ Tramadol 15%/ Menthol 2%/Camphor 2% 240gms:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The request for Capsaicin 0.025%/ Flurbiprofen 15%/ Tramadol 15%/ Menthol 2%/Camphor 2% 240gm is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. It is not indicated whether the injured worker had tried and failed antidepressants or anticonvulsants. In addition, Capsaicin is recommended only as an option in patients who have not responded or are intolerant of other treatments. The documentation submitted did not indicate the injured worker was intolerant of other treatments. Moreover, a thorough search of fda.gov did not indicate there is a formulation of topical Tramadol that has been FDA approved. Per the guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Furthermore, the request does not indicate a frequency or quantity for this medication. In addition, there was a lack of a quantified pain assessment done by the injured worker. Therefore, the request is not medically necessary or appropriate.

**Gabapentin 10%/Lidocaine 5%/ Tramadol 15% 240gms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The request for Gabapentin 10%/Lidocaine 5%/ Tramadol 15% 240gm is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. It was not indicated whether the injured worker had tried and failed antidepressants or anticonvulsants. In addition, topical Gabapentin is not recommended. There is no peer reviewed literature to support its use. Moreover, Lidocaine is only recommended in the form of a patch (Lidoderm). No other commercially approved topical formulations of lidocaine, whether creams, lotions, or gels, are indicated for neuropathic pain. Additionally, thorough research of fda.gov did not indicate there is a formulation of topical Tramadol that has been FDA approved. Per the guidelines, any

compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Also, the request did not indicate a frequency or quantity for this medication. Furthermore, there was a lack of a quantified pain assessment done by the injured worker. In addition, it was not indicated how long the injured worker had been utilizing this medication. For all these reasons, the request is deemed not medically necessary or appropriate.