

<b>Case Number:</b>	CM14-0124080		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/10/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 and Rehabilitation 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:

Medical records reflect the claimant is a 55 year old female who sustained a work injury on 3-10-12. Medical Records reflect the prescription for compound medications in 3-14-14 and 4-15-14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin, Flurbiprofen, Tramadol, Menthol, Camphor .025%/15%/15%/2%/2% DOS: 3/14/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 - topical analgesics.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines notes that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting this claimant's subjective complaints, objective findings, treatment afforded to this claimant and outcome. Additionally, there is an

absence in documentation noting that this claimant failed first line of treatment or that he cannot tolerate oral medications. Therefore, the medical necessity of this request was not established.

**Cyclobenzaprine, Flubiprofen 2%/20% DOS: 3/14/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 - topical analgesics.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines notes that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting this claimant's subjective complaints, objective findings, treatment afforded to this claimant and outcome. Additionally, there is an absence in documentation noting that this claimant failed first line of treatment or that he cannot tolerate oral medications. Therefore, the medical necessity of this request was not established.