

<b>Case Number:</b>	CM14-0140088		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 and Pain Medicine and is licensed to practice in Florida. 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 47-year-old female who reported injuries due to a backwards fall hitting her head and back against a wall on 07/09/2012. On 07/10/2014, her diagnoses included myoligamentous strain of the cervical spine, myoligamentous strain of the thoracic spine, status-post concussion head syndrome without loss of consciousness, and pain in both legs. Her complaints included almost constant sharp pains in the left knee and back with numbness to the bilateral calves. There was tenderness of the intrascapular musculature bilaterally at T1-6. The treatment plan included the dispensing of 2 compounded creams. The rationale was that they would provide targeted pain relief and treatment with reduced side effects associated with oral medications, allowing the patient to function and return to work. There was no Request for Authorization included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS: 7/10/2014 Flurbiprofen 20% with Lido 5%, Menthol 5%, Camphor 1%, Capsaicin 0.025% cream 10gm: 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): 111-113..

**Decision rationale:** The request for retrospective for 07/10/2014 flurbiprofen 20% with lido 5%, menthol 5%, camphor 1%, capsaicin 0.025% cream 10 gm is not medically necessary. Flurbiprofen is not FDA approved for topical application in humans. The only FDA approved NSAID for topical application is Voltaren gel 1% (diclofenac), which is indicated for relief of osteoarthritis pain. The only form of FDA approved topical application of lidocaine is the 5% transdermal patch for neuropathic pain. The body part or parts to have been treated with this cream were not identified in the request. Furthermore, the request did not specify a frequency of application. Therefore, this request for retrospective for 07/10/2014 flurbiprofen 20% with lido 5%, menthol 5%, camphor 1%, capsaicin 0.025% cream 10 gm is not medically necessary.

**Retrospective DOS: 7/10/2014 Tramadol 15% with Dextromethorphan 10%, Capsaicin 0.025% cream lipobase 30gm:** 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): 111-113..

**Decision rationale:** The request for retrospective for 07/10/2014 tramadol 15% with dextromethorphan 10%, capsaicin 0.025% cream lipobase 30 gm is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain control including opioids and capsaicin. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. There was no clinical record submitted of failed trials of antidepressants and anticonvulsants. The body part or parts to have been treated with this cream were not identified. Furthermore, there was no frequency of application included with the request. Therefore, this request for retrospective for 07/10/2014 tramadol 15% with dextromethorphan 10%, capsaicin 0.025% cream lipobase 30 gm is not medically necessary.