

<b>Case Number:</b>	CM14-0153569		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	08/03/2012
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	09/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Connecticut. 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:

After careful review of the medical records, this is a 64-year-old male with complaint of neck, shoulders, wrists and hands pain. The date of injury is 8/3/12 and the mechanism of injury was not documented. At the time of request for cream Capsaicin, Flurbiprofen, Tramadol, Menthol, and Camphor, there is subjective (constant pulling pain and spasm of neck, radiating to the shoulders and both arms; constant pain of the bilateral shoulders, wrists, and hands radiating to the upper extremities; and ongoing symptoms of bilateral knees and right ankle; and increased right knee pain since 11/2013 injury), objective (c-spine exam revealed tenderness to palpation of the paracervical and upper trapezial musculature bilaterally. Exam revealed tenderness to palpation of the left biceps and the anterior left shoulder joint; positive Neer and O'Brien signs on the left; tenderness to palpation of the metacarpophalangeal joint of the right thumb; Dupuytren's contractures at both small fingers. L-spine exam revealed hamstring tightness bilaterally), findings, imaging/other findings (no recent imaging studies performed), current medications (ibuprofen and oxycodone), diagnoses (S/P cervical spine fusion at C5-6 and C6-7, 4/24/08; S/P cervical spine fusion at C4-5 on 12/21/11; S/P cervical spine fusion at C3-4 on 12/10/12; left shoulder surgery in 1990 and right shoulder surgery 1999, exact procedure unknown; right shoulder surgery 4/7/09; left shoulder surgery on 08/6/09; S/P bilateral elbows surgery in 2003, procedure unknown; S/P carpal tunnel release and de Quervain release, right on 9/21/10 and 03/17/10; EMG/NCV positive for severe residual carpal tunnel syndrome bilaterally, 08/28/13; S/P L5-S1 laminectomy on 7/3/89; left knee total knee replacement, 2003; right knee total knee replacement, 2011; S/P excision of soft tissue tumor, right ankle, non-industrial), treatment to date (physiotherapy, acupuncture, and medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% #180gm with no refill:** 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:** According to the CA MTUS guidelines, Topical Analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the CA MTUS guidelines, muscle relaxants, such as cyclobenzaprine, are not recommended in topical formulation. The CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel). Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request for Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, and Menthol 2%, Camphor 2% #180 gm is not medically necessary.