

<b>Case Number:</b>	CM14-0173755		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	10/11/2005
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 California. 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 underlying date of injury in this case is 10/11/2005. The date of the utilization review under appeal is 10/08/2014. The patient's diagnoses include cervical disc displacement, cervical radiculopathy, right wrist tenosynovitis, and right shoulder internal derangement. On 03/14/2014, the treating primary orthopedic surgeon submitted a special comprehensive primary treating physician's report which outlines the patient's symptoms of neck pain, right shoulder pain, and right wrist pain. The treating physician noted a plan to particularly monitor oral medications for effectiveness and possible dependency and noted a plan to use multiple compounded medications with proprietary ingredients.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Capsaicin 0.025%, Flurbiproffen 20%, Tramadol 15%, Menthol 2%, Camphor 2%, 210 gm (DOS 6/20/14): 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:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, states this class of medications is largely experimental in use with few randomized controlled trials to determine efficacy or safety. The medical records contain very limited information regarding the proposed mechanism of action or rationale of this requested compounded topical medication. Moreover, it is unclear why flurbiprofen and tramadol would be indicated simultaneously in two separate topical medications. Overall the medical records and treatment guidelines do not support this request. This medication is not medically necessary.

**Retrospective request for Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 210 gm (DOS 6/20/14):** 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:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, states this class of medications is largely experimental in use with few randomized controlled trials to determine efficacy or safety. The medical records contain very limited information regarding the proposed mechanism of action or rationale of this requested compounded topical medication. Moreover, it is unclear why flurbiprofen and tramadol would be indicated simultaneously in two separate topical medications. Overall the medical records and treatment guidelines do not support this request. This medication is not medically necessary.