

<b>Case Number:</b>	CM14-0186207		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2014

### 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 Internal Medicine 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 patient is an injured worker with cervical spine, bilateral shoulders, and bilateral wrists complaints. Primary treating physician's report dated June 20, 2014 documented cumulative type of injuries of the cervical spine, bilateral shoulders, and bilateral wrists, during the period from April 1, 2007 to December 5, 2013. Subjective complaints included pain in neck, shoulders and wrists. The patient complains of headaches. The patient complains of burning, radicular neck pain and muscle spasms. The pain is associated with numbness and tingling of the bilateral upper extremities. The patient complains of burning bilateral shoulder pain radiating down the arms to the fingers, associated with muscle spasms. The patient complains of burning bilateral wrist pain and muscle spasms. The patient complains of abdominal disturbances and difficulty sleeping due to the pain. The patient underwent a right hand surgery in 2000, a right wrist surgery in 2003, and a left knee surgery in 2010. Physical examination was documented. On examination, the patient is a well-developed, well-nourished female who appears her stated age. The patient is awake, alert, oriented and appears to be in no acute distress. The head is a traumatic and normocephalic. Good eye level is noted. Her pupils are equal, round, reactive to light and accommodation. Cranial nerves II-XII are intact. The patient has tenderness to palpation at the suboccipital region as well as over both scalene and trapezius muscles. There is tenderness at the delto-pectoral groove and at the insertion of the supraspinatus muscle. There is tenderness to palpation over the carpal bones and over the thenar and hypothenar eminence bilaterally. Sensation to pinprick and light touch is slightly diminished over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. Motor strength is 4/5 in all the represented muscle groups in the bilateral upper extremities. Deep tendon reflexes are 2+ and symmetrical in the bilateral upper extremities. Vascular pulses are 2+ and symmetrical in the bilateral upper extremities. Diagnoses were headaches, cervical spine sprain strain, cervical spine pain, cervical

spine radiculopathy, shoulder internal derangement, bilateral shoulder sprain strain, abdominal pain, and sleep disorder.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% (DOS: 7/22/14): 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 Capsaicin, topical, NSAIDs (non-steroidal anti-inflammatory drugs) Page(. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Mayo Clinic Proceedings Topical Analgesics in the Management of Acute and Chronic Pain Volume 88, Issue 2, Pages 195-205, February 2013  
<http://www.ncbi.nlm.nih.gov/pubmed/23374622>  
[http://www.mayoclinicproceedings.org/article/S0025-6196\(12\)01170-6/fulltext](http://www.mayoclinicproceedings.org/article/S0025-6196(12)01170-6/fulltext)

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks or with a diminishing effect after two weeks. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Mayo Clinic Proceedings article titled Topical Analgesics in the Management of Acute and Chronic Pain (2013) describes the results of a systematic review of the efficacy of topical analgesics in the management of acute and chronic pain conditions, and concluded that limited evidence is available to support the use of other topical analgesics in acute and chronic pain. There are no randomized controlled trials that support the use of topical Tramadol. Medical records do not document that the patient has not

responded or is intolerant to other treatments, which is an MTUS requirement for the use of Capsaicin. Per MTUS, Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records do not present recent blood pressure measurements, which are recommended for NSAID use per MTUS. Medical records do not present recent laboratory test results, which are recommended for NSAID use per MTUS. Medical records dated 3/4/14 and 6/20/14 document abdominal complaints. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Medical records indicate long-term NSAID use, which is not recommended by MTUS. The medical records and MTUS guidelines do not support the use of the topical NSAID Flurbiprofen. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines do not the request for a topical product containing Capsaicin, Flurbiprofen, Tramadol, Menthol, and Camphor. Therefore, the request for Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% (DOS: 7/22/14) is not medically necessary.

**Retrospective Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% (DOS: 7/22/14):**  
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): 111-113.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. There is no evidence for use of a muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records document that the patient has cervical spine, bilateral shoulders, and bilateral wrists complaints. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing Cyclobenzaprine. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% (DOS: /22/14) is not medically necessary.