

<b>Case Number:</b>	CM14-0021951		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	01/03/2001
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Occupational 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 a 54-year-old female who has submitted a claim for myalgia and myositis, lumbar postlaminectomy syndrome, and cervical postlaminectomy syndrome associated with an industrial injury date of January 3, 2001. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of total body pain, chronic fatigue, and problem sleeping. Physical examination revealed no new joint swelling, no rheumatoid arthritis deformities, and a normal neurologic examination. There was tenderness over bilateral knees and over the lumbar area. Treatment to date has included lumbar spine fusion, cervical spine surgery, physical therapy, aquatic therapy, medications, which include Trama/Dextro/Caps 15/10/0.025% topical compound, Lidoderm patches, Norco, Vicodin, Cyclobenzaprine and Ativan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PRESCRIPTION OF TRAMA/DEXTRO/CAPS 1510/0.025%, 180GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** According to pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists,  $\alpha$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor antagonists). There is little to no research to support the use of many of these agents. Compounded products have limited published studies concerning its efficacy and safety. Tramadol is indicated for moderate to severe pain, but it is not recommended for topical use. Guidelines provide no evidence-based recommendations regarding the use of topical dextromethorphan. Guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Furthermore, the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this case, compounded products were prescribed as adjuvant therapy for oral medications; however, there was no discussion concerning the need for three different topical medications. In addition, certain components of this compounded product, such as Tramadol and Dextromethorphan, are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary.