

<b>Case Number:</b>	CM14-0025800		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	09/03/2006
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 American Board of Surgery and is licensed to practice in Texas. 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 55-year-old male who sustained a work-related injury on 09/03/06. The biomechanics of the original work injury is not discussed in the materials provided. In an orthopedic re-evaluation dated 12/12/13, the patient presented with low back pain radiating to the left thigh with numbness, tingling, and weakness. The pain was aggravated by prolonged positioning, sitting, standing, lying down, bending, stooping, twisting, and/or lifting. Physical examination revealed tenderness at the erector spine mass musculature, bilaterally at L3-S1 and the right sacroiliac joint. Knee bending at 50 percent produced pain in the lower back. He had normal gait and is able to heel and toe-walk without difficulty. Spinal column range of motion had flexion at 40 degrees; extension, right and left lateral rotation, and right bending at 20 degrees; left bending at 25 degrees. Muscle testing and sensation were within normal limits. He had trace reflexes at the knees and zero at the ankles. He had positive seated straight leg raise test at 90 degrees; and positive supine straight leg raise test at 55 degrees on the right; 45 degrees on the left with low back pain. Figure-of-four test was positive bilaterally. He was recommended to begin aquatic therapy and was prescribed with naproxen, cyclobenzaprine and Tramadol. The injured worker was prescribed compounded medications to minimize pain, inflammation, and to reduce the need for narcotic additives that have negative systemic side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR MEDICATIONS COMPOUNDED  
TRAMADOL/DEXTROMETHOPHAN/CAPSICIN DURATION UNKNOWN AND**

**FREQUENCY UNKNOWN) FOR LOW BACK PAIN AND INGUINAL HERNIA  
DISPENSED 1/9/14-1/13/14: 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 , OPIOIDS Page(s): 112-127, 74-96. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Pain, Compounded medications; Topical analgesics.

**Decision rationale:** The injured worker had a work related injury in 2006. His back pain aggravated in 2012, hence, it is an acute exacerbation of chronic back pain for which the injured worker was prescribed oral Tramadol per the office note of 12/12/13. In addition the injured worker was prescribed a compounded medication consisting of tramadol, dextromethorphan and capsaicin. This is an unnecessary duplication of tramadol according to Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG). Given the previously provided tramadol 150 tablets, the unnecessary duplication of a narcotic and its compounding with Capsaicin and dextromethorphan not being supported by Official Disability Guidelines (ODG), the retrospective request for medications compounded tramadol/dextromethorphan/capsaicin duration unknown and frequency unknown) for low back pain and inguinal hernia dispensed 1/9/14-1/13/14 are not medically necessary and appropriate.

**RETROSPECTIVE REQUEST FOR MEDICATIONS COMPOUNDED  
FLURBIPROFEN/LIDOCAINE/MENTHOL/CAMPHOR DURATION UNKNOWN AND  
FREQUENCY UNKNOWN) FOR LOW BACK PAIN AND INGUINAL HERNIA  
DISPENSED 1/9/14-1/13/14: 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): 112-127. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Pain, Compounded medications; Topical analgesics.

**Decision rationale:** The requested topical analgesic compound of Flurbiprofen/ Lidocaine/ Menthol/ Camphor is not supported by Official Disability Guidelines (ODG) or Chronic Pain Treatment Guidelines. There is little evidence to utilize topical NSAIDs for treatment of neuropathic pain. The diagnosis proposed on 12/12/13 was myoligamentous strain of the lumbar spine pain with radiation to the left. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. While NSAIDs such as Flurbiprofen have been used topically, its topical application is no better than oral NSAIDs. The injured worker was previously provided with oral formulations of Naprosyn, cyclobenzaprine and Tramadol on 12/12/13. There is no subsequent mention of the relief or lack of relief from the oral medications as required by Chronic Pain Treatment Guidelines. There is no literature to support the compounding of lidocaine with menthol or camphor. There is no literature to support any

incremental or accretive relief attributable to compounding lidocaine with menthol or camphor. Therefore the requested compounded medication is not recommended as medically necessary.