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| <b>Case Number:</b>   | CM14-0027539 |                              |            |
| <b>Date Assigned:</b> | 06/13/2014   | <b>Date of Injury:</b>       | 03/31/2008 |
| <b>Decision Date:</b> | 07/16/2014   | <b>UR Denial Date:</b>       | 02/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/04/2014 |

### 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, has a subspecialty in Interventional Spine, 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 61-year-old female with a date of injury of 3/31/08. The listed diagnoses per [REDACTED] are cervicalgia, lumbago, and lumbar radiculitis/neuritis. According to a progress report dated 12/16/13 by [REDACTED], the patient presents with neck, low back, bilateral hip, bilateral thigh, and bilateral leg pain. In addition, the patient experiences headaches, difficulty sleeping, depression, and anxiety. The patient's medication regimen includes Flector patches, cyclobenzaprine, tramadol ER 150 mg, naproxen sodium 550 mg, pantoprazole sodium DR, and topical creams. On 1/22/14, the patient reported a decrease in pain and requested a refill of medications. The treatment plan included a UA tox screen, a DNA screen, and a refill of medications. The request is for S5000 Tramdex 180 g (Amitriptyline 4%, Dextromethorphan 10%, Tramadol 20%), S5000 Tramcapc 180 g (Capsaicin 0.0375%, menthol 10%, camphor 2.5% and Tramadol 20%), and S5001 Diflur 180 g (Fluribiprofen 25% and Diclofenac 10%).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMDEX 180G:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 109. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Tramdex includes amitriptyline 4%, Dextromethorphan 10% and Tramadol 20%. The MTUS Guidelines state that topical analgesics are largely experimental, with few randomized control trials to determine efficacy or safety. The MTUS further states that any compounded product that contains at least one (or drug class) that is not recommended is not recommended. In this case, Tramadol is not tested for transdermal use with any efficacy. As such, the recommended compound topical cream is not medically necessary.

**TRAMCAPC 180G:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Tramcapc includes capsaicin 0.035%, menthol 10%, camphor 2.5%, and Tramadol 20%. The MTUS state that topical analgesics are largely experimental, with few randomized control trials to determine efficacy or safety. The MTUS further states that any compounded product that contains at least one (or drug class) that is not recommended is not recommended. The MTUS guidelines allow capsaicin for chronic pain conditions such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, the MTUS guidelines consider doses that are higher than 0.025% to be experimental. Tramcapc contains capsaicin 0.035%. As such, the entire compound ointment is not recommended.

**DIFLUR 180G:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 109-110. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Diflur includes Flurbiprofen 25% and Diclofenac 10%. For Flurbiprofen, MTUS states that the efficacy in clinical trials for this treatment modality has been inconsistent; most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amenable to topical treatment. In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. The request is not medically necessary.