

<b>Case Number:</b>	CM14-0030368		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/06/1989
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Pain Medicine, and is licensed to practice in Texas and Ohio. 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 56-year-old female who reported an injury on 11/06/1989. The mechanism of injury was not provided. On 08/06/2013, the injured worker presented with neck and low back pain, along with a depressed mood and anxiety. The treatment plan included cognitive restructuring, autogenic training, and behavioral coping skills. The injured worker continued to make progress in developing alternatives and more constructive methods for coping with chronic pain. Diagnoses were chronic pain syndrome, neck and low back pain, depressed mood, and anxiety. The provider recommended topical analgesics. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for 240gram: capsaicin 25%, flurbiprofen 20%, tramadol 15%, menthol 2%, camphor 2%.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical Non-steroidal anti-inflammatory agents and topi.

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

**Decision rationale:** The request for one prescription for 240gram: capsaicin 25%, flurbiprofen 20%, tramadol 15%, menthol 2%, camphor 2% is not medically necessary. The California MTUS Guidelines state that topical compounds are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drugs class) that is not recommended, is not recommended. Many agents are compounded as monotherapy or are in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, and adenosine. There is little to no research to support the use of many of these agents. The provider's request does not indicate the dose, quantity, or frequency, nor the site at which the cream is indicated for in the request as submitted. As such, medical necessity has not been established.

**One prescription for 240 gm: flurbiprofen 20% with tramadol 20%.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-steroidal anti-inflammatory agents and topical treatme.

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

**Decision rationale:** The request for one prescription for One prescription for 240 gm: flurbiprofen 20% with tramadol 20% is not medically necessary. The California MTUS Guidelines state that topical compounds are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drugs class) that is not recommended, is not recommended. Many agents are compounded as monotherapy or are in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, and adenosine. There is little to no research to support the use of many of these agents. The provider's request does not indicate the dose, quantity, or frequency, nor the site at which the cream is indicated for in the request as submitted. As such, medical necessity has not been established.