

<b>Case Number:</b>	CM14-0031429		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 & Rehabilitation and Pain 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 injured worker is a 61 year old female who reported an injury on 01/25/2011. The mechanism of injury was not provided. The diagnoses included lumbar sprain and loss of sleep. The past treatments were aquatic therapy, acupuncture, chiropractic therapy, medications, a TENS unit. There were no relevant diagnostic studies or surgeries noted. On 01/13/2014, the injured worker reported that her lumbar spine pain was being controlled well from tramadol ER. She rated her pain at 8/10, and reported her pain at 2-3/10 with medication. She complained of loss of sleep due to pain, but reported the therapies have been helpful. Her sleep is improved with the use of ambien. Upon physical examination, the injured worker was noted to have muscle spasm of the bilateral gluteus and lumbar paravertebral muscles. The left and right sitting straight leg raise caused radiating pain. The medications were noted as tramadol ER 150 mg, flexeril 7.5 mg, and topical creams. The treatment plan was to continue medications, a urine toxicology screening, to continue aquatic therapy, to continue TENS unit, and obtain a psyche evaluation. The rationale for the request was to manage pain and decrease musculoskeletal pain. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound : Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, camphor 2% #240 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 01/07/2014), Compound Drugs.

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

**Decision rationale:** The request for Compound : Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, camphor 2% #240 grams is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or intolerant to other treatments. The guidelines state that Flurbiprofen is used for mild to moderate pain from osteoarthritis in joints that lend themselves to topical treatment, but it has not been evaluated for the spine. The injured worker did report a decrease in low back pain to 2-3/10 with medication; however, there was no documentation of a prior failed trial of antidepressants and anticonvulsants. In the absence of documented evidence of intolerance to other treatments, topical analgesics and specifically, capsaicin is not supported. Additionally, as the injured worker is being treated for low back pain, use of Flurbiprofen is not supported. As the requested compound contains at least 2 drugs that are not recommended, the compound is also not supported. Therefore, the request is not medically necessary.