

<b>Case Number:</b>	CM14-0032017		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	08/23/2001
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and bilateral arm pain reportedly associated with an industrial injury of August 23, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a TENS unit; unspecified amounts of physical therapy; and topical compounded drugs. In a utilization review report of January 9, 2014, the claims administrator denied a request for multiple topical compounded drugs. The applicant's attorney subsequently appealed. In a handwritten doctor's first report (DFR) of December 6, 2013, the applicant was described as a library clerk who had multiple foci of pain, including about the neck and low back, 10/10, non-radiating. The note was handwritten and quite difficult to follow. Several topical compounds, electrodiagnostic testing, physical therapy, DNA testing, and a multimodality TENS unit were sought. The applicant's work status was not clearly stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**240G- CAPSAICIN 0.025, FLURBIPROFEN 15%, TRAMADOL 15%, MENTHOL 2%, CAMPHOR:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topic Section Page(s): 28.

**Decision rationale:** As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is not recommended except as a last line agent, to be employed in applicants who have proven intolerant to and/or failed other treatments. In this case, however, there is no evidence of a failure of multiple classes of first-line oral pharmaceuticals. No clear rationale for usage of the capsaicin-containing agent was provided. Therefore, the request is not certified.

**240G- GABAPENTIN 10%, LIDOCAINE 5%, TRAMADOL 15%:** Upheld

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

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is specifically not recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.

**10GM TOPICAL CREAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Page 47, oral pharmaceuticals are a first-line palliative method. In this case, the sparse, handwritten, and difficult to follow December 2013 doctor's first report does not establish the presence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify usage of unspecified topical compounds, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental".