

<b>Case Number:</b>	CM14-0032586		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/13/2000
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 71-year-old male who had a work related injury on 09/13/2000. There is no documentation of the mechanism of injury. Diagnosis is sprain/strain of the lumbar spine, multilevel disc desiccation, annular tear at L3-4 and L5-S1, 2.6 mm disc protrusion at L2-3, 2.3 mm disc protrusion at L3-4, 3.5 mm disc protrusion at L4-5 and a 3.3 mm disc protrusion at L5-S1. The injured worker was most recently evaluated on 02/10/14. He continued to complain of low back pain with subjective complaints of radicular symptoms. Physical examination notes decreased lumbar range of motion and tenderness to palpation. There was a prior utilization review for compounded transdermal cream which was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective compounded transdermal cream of Tramadol 15%/ Dexamethorphan 10%/ Capsaicin 0.025% for lumbar as an outpatient for DOS 11/27/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman & Gilman's "The Pharmacological Basis of Therapeutics".

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Pain, compound drug.

**Decision rationale:** The request for retrospective compounded transdermal cream of tramadol 15%, dextromethorphan 10%, capsaicin 0.025% is not medically necessary. California Medical Treatment Utilization Schedule, the Official Disability Guidelines and United States Food and Drug Administration do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal-compounded medication be approved for transdermal use. This compound contains tramadol, which has not been approved by the FDA for transdermal use. Therefore, the request is not medically necessary.