

<b>Case Number:</b>	CM14-0032979		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	08/24/2005
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & 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:

This is a 59-year-old female injured worker with date of injury 8/24/05 with related neck pain, low back pain, and weakness and numbness in the bilateral hands. Per 1/15/14 progress report, physical exam revealed cervical range of motion all limited to pain, positive foraminal compression test and shoulder depression were noted bilaterally. All lumbar range of motion was limited due to pain. Positive Minor's sign, Kemp's test and lumbar facet test noted bilaterally and positive straight leg-raising at 40 on left. MRI (magnetic resonance imaging) of the cervical spine dated 12/5/12 revealed status post anterior fusion of C4-C5-C6 with disc spacers in place at C4-C5, C5-C6, and C6-C7; straightening of the cervical spine which may be due to muscle spasm; grade 1 anterolisthesis of C6 over C7; 1-2mm disc herniations/osteophyte complexes at C3-C4, C4-C5, C5-C6 and C6-C7 with partial narrowing of the anterior thecal sac. MRI of the lumbar spine dated 12/19/12 revealed: 1) at L1-2, 2-3 mm right paracentral focal disc protrusion causing partial narrowing of the anterior thecal sac and posterior displacement of the right traversing nerve root, 2) at L2-3, bilateral 1 mm paracentral disc bulge, 3) at L3-4, disc desiccation and diminished disc height, 4) at L4-5, disc desiccation and diminished disc height. There is Grade I retrolisthesis of L4 over L5. There is 2-3 mm diffuse posterior disc bulge with an annular tear in the posterior mid-sagittal and right lateral distribution. There is bilateral facet arthropathy, 5) at L5-S1, disc desiccation and diminished disc height, a 3-4 mm diffuse posterior disc bulge with narrowing of the anterior thecal sac, a grade III/IV right parasagittal annular tear, and bilateral facet arthropathy. She has been treated with surgery, radiofrequency neurotomy, epidural injections, transcutaneous electrical nerve stimulation (TENS), physical therapy, acupuncture, chiropractic therapy, and medication management. The date of utilization review (UR) decision was 2/6/14.

## 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%/CAMPBOR 2%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60, 111-112.

**Decision rationale:** Regarding the use of multiple medications, MTUS states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. The recent Agency for Healthcare Research and Quality's (AHRQ) review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." The MTUS indicates that Capsaicin may have an indication for chronic lower back pain in this context. "There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Per MTUS with regard to Flurbiprofen "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety." Flurbiprofen may be indicated. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol, Tramadol or camphor. The MTUS states that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. As the menthol, Tramadol, and camphor are not recommended, the topical compound is not recommended. As such, the request is not medically necessary.