

<b>Case Number:</b>	CM14-0035990		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	07/16/2005
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 66-year-old female who sustained a work related injury on July 6, 2005 as a result of slipping on wet flooring and twisting her torso in an attempt to recover her balance but fell and landed with her left knee bent beneath her striking her left elbow on the floor. At the time of her injury she had neck, left shoulder, left wrist, low back and left knee pain. Since then, she has undergone multiple left knee surgeries to address meniscal tearing in 2006 and 2007. However, she continues to experience left knee pain for which she underwent an MRI arthrogram that noted degenerative changes. Additionally, she has had ongoing neck, left shoulder, elbow, hand, and lumbar pain. Cervical and lumbar spine MRI documents a multi-level intervertebral disc desiccation from C2-3 to C6-7 with areas of foraminal narrowing. Lumbar MRI demonstrates a Grade 1 L4-5 anterolisthesis with a possible spondylolysis bilaterally at L5-S1 with a 3mm broad-based posterior disc bulge. An electromyography (EMG) study on November 14, 2008 clearly demonstrates prolonged distal latency over the right median nerve, a reduced nerve conduction velocity over the left forearm and she had significant slowing across the elbow consistent with ulnar neuropathy at the elbow. Lastly, she has evidence of possible denervation of the upper extremities indicating cervical radiculopathy. An EMG study of the lower extremities shows evidence of denervation around L5-S1 on both sides; but more on the left. Recent physical examination finds that the patient has a reduced range of motion in the cervical spine upon knee flexion bilaterally and during all ranges of motion of her bilateral shoulders. Recent MRI of the left shoulder identifies moderate to severe rotator cuff tendinosis, signal changes of the supper and anterior labrum may reflect degenerative changes or likely tear, moderate to severe degenerative hypertrophic changes of acromioclavicular joint and modest amount of subacromial/subdeltoid bursal fluid with intrabursal bodies. The patient's current pain

management is the requested compounded topical, as well as non-steroidal anti-inflammatory drugs (NSAID) medications. In dispute is a request for topical, compounded creams.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Capsaicin .0375%/Menthol 10%/ Camphor 2.5%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 111-112.

**Decision rationale:** Topical analgesics (compounded) are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. 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. Review of the provided medical documentation is absent of any trials of anti-depressant or anticonvulsant medications, a specific criterion for the use of compounded analgesics. As result of that omission the request for Capsaicin .0375%/Menthol 10%/ Camphor 2.5% is not medically necessary.

**Tramadol 20% 240gm and Flubiprofen 25%/ Diclofenac 10% 240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 111-112.

**Decision rationale:** Topical analgesics (compounded) are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. Review of the provided medical documentation is absent of any trials of anti-depressant or anticonvulsant medications, a specific criterion for the use of compounded analgesics. As result of that omission, the request for Tramadol 20% 240gm and Flubiprofen 25%/ Diclofenac 10% 240gm is not medically necessary.

