

<b>Case Number:</b>	CM14-0035996		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/01/2014
<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 Family 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 injured worker's date of injury is 05/09/2013. The initial injury was caused by a collision while operating a forklift resulting in a neck injury. This caused chronic neck pain with radiation to the upper back and upper extremities. In July 2013 MRI of the neck, shoulders and low back were performed. Nerve conduction studies and electromyographic studies were normal. The patient received chiropractic treatment, acupuncture, and physiotherapy. The patient underwent an orthopedic consultation on 12/12/13. The patient had x-rays of the cervical spine and lumbar spine, which showed multilevel disc bulging. On examination power was 5/5, reflexes normal, spasms on palpation of the lower spine, and straight leg raising positive at 50 degrees. The treating physician's note dated 12/12/13, states the patient has mild to moderate upper and lower back pain. This request for a retrospective approval of a compounded topical analgesic agent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS: 12/24/2013: Capsaicin/Menthol/Camphor/Tramadol/Flurbiprofen (duration and frequency unknown): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** This injured worker receives treatment for chronic upper and lower back pain. This request is for a compounded cream containing capsaicin, menthol, camphor, tramadol (an opioid), and flurbiprofen (an NSAID). Topical analgesics are not medically indicated for the treatment of chronic musculoskeletal pain and are considered experimental when used, as clinical treatment trials have failed to identify them as either effective or safe for long term use. In addition, in any compounded product if it contains at least one drug or drug class that is not recommended, then it is not recommended. Menthol is not recommended for treatment of chronic pain. Neither topical opioids nor topical NSAIDs are recommended to treat chronic pain, as recent studies are few in number and are of short duration. This compounded topical agent is not medically necessary.