

<b>Case Number:</b>	CM14-0037651		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 low back and shoulder pain reportedly associated with an industrial injury of September 25, 2012. Treatment has consisted of analgesic medications; transfer of care to and from various providers in various specialties; topical compounded drugs; and unspecified amounts of acupuncture. In a utilization review report dated March 7, 2014, the claims administrator denied a request for several topical compounded medications. The applicant's attorney subsequently appealed. In a progress note dated August 14, 2013, the applicant was placed off of work by her primary treating provider, a chiropractor. A final functional capacity evaluation was sought. It was stated that the applicant was approaching maximal medical improvement. In a note of September 3, 2013, the applicant was described as using oral Motrin, Prilosec, and Flexeril. On a subsequent note dated December 2, 2013, the applicant was given prescription for oral tramadol and Prilosec in conjunction with several topical compounded medications. It was stated that the applicant was having some issues with dyspepsia associated with Motrin and was therefore using it sparingly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for compounded capsaicin 0.025%, flurbiprofen 15%, tramadol 15%, menthol 2%, camphor 2%, 240gms DOS 12/02/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin, Topical Analgesics Page(s): 28, 111.

**Decision rationale:** As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is considered a last-line agent to be employed only when an applicant has proven intolerant to and/or has failed numerous first line agents. In this case, however, the applicant's ongoing usage of first line oral tramadol obviates the need for the capsaicin-containing topical compound. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Retrospective request for compounded Flurbiprofen 25%, cyclobenzaprine 2%, 240gms DOS 12/02/2013:** Upheld

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

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.