

<b>Case Number:</b>	CM14-0045964		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/23/2011
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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. 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:

According to the records made available for review, this is a 50-year-old female with an 11/23/11 date of injury. At the time (3/28/14) of the Decision for Capsaicin/Menthol/Camphor/Ketoprofen/Tramadol/Diclofenac, there is documentation of subjective (neck pain radiating to the arms, lower back pain, jaw pain, and bilateral wrist pain with numbness into the hands) and objective (decreased cervical range of motion and tenderness over the jaw bilaterally) findings, current diagnoses (bilateral wrist sprain/strain, right trigger thumb, and carpal tunnel syndrome), and treatment to date (physical therapy and medications (cyclobenzaprine, omeprazole, and Tramadol). In addition, there is documentation of a plan identifying to start the patient on a topical cream consisting of Capsaicin 0.0375%/Menthol 2%/Camphor 2%/Ketoprofen 10%/Tramadol 10%/Diclofenac 20%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin/Menthol/Camphor/Ketoprofen/Tramadol/Diclofenac:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of bilateral wrist sprain/strain, right trigger thumb, and carpal tunnel syndrome. In addition, there is documentation of a plan identifying to start the patient on a topical cream consisting of Capsaicin 0.0375%/Menthol 2%/Camphor 2%/Ketoprofen 10%/Tramadol 10%/Diclofenac 20%. However, the requested compounded medication contains at least one drug (capsaicin in a 0.0375% formulation and ketoprofen) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Capsaicin/Menthol/Camphor/Ketoprofen/Tramadol/Diclofenac is not medically necessary.