

<b>Case Number:</b>	CM14-0049370		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 records indicate the injured worker is a 56-year-old male injured on 3/25/11 by being kicked by a cow, fracturing one of his left ribs. The most recent progress note from the injured worker's primary treating physician dated, 2/17/14, states that the injured worker would be on Temporary Total Disability from 2/17/14 to 3/17/14. Diagnoses include cervical spine disc displacement, cervical spine radiculopathy, left shoulder internal derangement, left shoulder rotator cuff tear, lumbar spine disc displacement, low back pain, lumbar spine radiculopathy, and diabetes. At that time the injured worker complained of constant and moderate to severe burning, radicular neck pain and muscle spasms, 9/10 on the visual analog scale, constant and severe burning left shoulder pain radiating down the arm to the fingers, with muscle spasms, 9/10 on the visual analog scale, and constant, moderate and severe radicular low back pain and muscle spasms, 9/10 on the visual analog pain scale, radiating to both lower extremities with associated numbness and tingling. The injured worker stated medications allow him temporary pain relief and improved ability to sleep. A progress note dated 12/14/13 stated that medications include Deprezine, Dicopanol, Fanatrex, Synapryn, Tabradol, Flurbiprofen, capsaicin, Tramadol, and menthol. The request for transdermal cream (Flurbiprofen 25 %, Lidocaine 10%), 240 gr and transdermal cream (Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%), 240 gr were denied in a prior utilization review dated 2/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal cream (Flubiprofen 25 %, Lidocaine 10%), 240 gr: 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 Medications Page(s): 145-146.

**Decision rationale:** The injured worker does not seem to have neuropathic pain such as post herpetic neuralgia or diabetic peripheral neuropathy. No physical findings were presented in the documentation available for review. Compounded topical medications are Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. These agents 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. There is little to no research to support the use of many of these agents. Therefore, it is not medically necessary.

**Transdermal cream (Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%), 240 gr:** 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 Topicals Page(s): 111.

**Decision rationale:** There are no studies to support the effectiveness of topical Tramadol. The drug has recently been reclassified as Schedule IV due to overdoses and the potential for abuse. See also above about compounded medications. The drug is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The patient does not seem to have neuropathic pain such as post herpetic neuralgia or diabetic peripheral neuropathy. No physical findings were presented in the documentation available for review. Therefore the request is not medically necessary.