

<b>Case Number:</b>	CM14-0052121		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 neck pain, headaches, and low back pain reportedly associated with an industrial injury of February 15, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery; trigger point injection therapy; and topical compounded drugs. In a Utilization Review Report dated April 18, 2014, the claims administrator retrospectively denied a request for several topical compounded agents. The applicant's attorney subsequently appealed. On August 6, 2013, the applicant was described as off of work, on total temporary disability, was reportedly recovering from earlier cervical spine surgery. The applicant's medication was now furnished on this occasion; and unspecified amounts of chiropractic manipulative therapy. On September 25, 2013, the applicant was described as having chronic neck pain status post earlier cervical fusion surgery. The applicant's medication list, once again, was not furnished. On December 9, 2013, the applicant was described as permanent and stationary. Modified duty work was not available, it was acknowledged. The applicant was not working, it was further stated. On November 20, 2013, the applicant's orthopedic spine surgeon stated that he reviewed the applicant's current pharmacologic regimen. It was, once again, not stated what drugs, either oral or topical, the applicant was or was not taking. The applicant later went on to alleged derivative complaints of dental caries and bruxism reportedly associated with an industrial injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(Retrospective) Compounded; Amitriptyl 4%/Dextrometh 10%/Tramadol 20%/Ultraderm (Date of Service DOS: 02/20/12): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines . MTUS page 111, Topical Analgesic Topic Page(s): 111.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first line palliative method. In this case, there was no evidence of intolerance to and/or failure of multiple classes of first line pharmaceuticals, which would support usage of what page 111 of MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounds such as the agent in question. No rationale for selection and/or ongoing usage of the topical compound in question was provided. As noted previously, the attending provider did not incorporate the applicant's medication list and/or medication profile on several progress notes, referenced above. Therefore, the request is not medically necessary.

**(Retrospective) Compounded; Capsaicin 0.0375%/menthol2%/ camphor2%/ Flurbi 30% (DOS: 02/20/12): 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 . MTUS Chronic Pain Guidelines, page 28, Topical Capsaicin Topic.2. MTUS page 111, Topical Analgesic Topic Page(s): 28, 111.

**Decision rationale:** As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, Capsaicin, the primary ingredient in the compound in question, is recommended only as an option in applicants who have not responded to or are intolerant to other treatments. In this case, however, there is no evidence of intolerance to and/or failure of multiple classes of first line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental agent such as Capsaicin containing agent in question. Therefore, the request is not medically necessary.