

<b>Case Number:</b>	CM14-0052815		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/15/2014
<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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 54 yo male who sustained an industrial injury on 07/05/2013. The mechanism of injury occurred when he fell while climbing scaffolding. His diagnoses include left humerus fracture, left wrist fracture, left shoulder impingement, cervical strain, left lateral epicondylitis, and thoracic spine sprain/strain. He is s/p ORIF of the left humerus fracture. On exam he has decreased range of cervical motion, decreased range of motion of the left shoulder with impingement and empty can test. There is tenderness to palpation of the left lateral epicondyle and decreased range of motion of the left wrist. Treatment has included medical therapy including topical medications and chiropractic treatment. The treating provider has requested Compounded: Capsaicin 0.025%/ Flurbiprofen 15%/ Tramadol 15%/ Menthol 2%/ Camphor 2%, 240gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded: Capsaicin 0.025%/ Flurbiprofen 15%/ Tramadol 15%/ Menthol 2%/ Camphor 2%, 240gm: 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 California MTUS 2009 pages 111-113- Topical Analgesics ( pdf format) Page(s): 111-113.

**Decision rationale:** There is no documentation provided necessitating use of the requested topical compound medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control ( including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\gamma$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug ( or drug class) that is not recommended is not recommended. In this case, Flurbiprofen is a topical NSAID that has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either not afterward, or with diminishing effect over another two-week period. In addition topical Tramadol is not FDA approved for topical therapy. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.