

<b>Case Number:</b>	CM14-0055031		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Physical Medicine and Rehabilitation, 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:

The injured worker is a 36-year-old female who reported an injury on 03/12/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 11/04/2013 indicated diagnoses of lumbar disc protrusion, lumbar sprain/strain, cervical disc protrusion, cervical sprain/strain, shoulder sprain/strain, bilateral wrist sprain/strain (right greater than left) and insomnia. The injured worker reported low back pain that radiated to the bilateral lower extremities with numbness. She rated her pain 9/ 10 that decreased to 7/ 10 with the use of medications, neck pain that radiated to the bilateral shoulders, rated 9/ 10 that decreased to 6-7 / 10 with the use of medications, shoulder pain, bilateral shoulder pain, right greater than left associated with numbness rated 9/ 10, that decreased to 6-7/ 10 with the use of medications, bilateral wrist pain, right greater than left associated with numbness rated 9 / 10, decreased to 6-7/10 with the use of medication. The injured worker also complained of sleep loss. On physical examination of the cervical spine, there was tenderness and spasm of the cervical musculature with decreased range of motion of the cervical spine. Examination of the lumbar spine revealed tenderness and spasm of the lumbar musculature with decreased range of motion of the lumbar spine. Examination of the shoulder revealed tenderness upon palpation of the bilateral shoulders, right greater than left with decreased range of motion noted bilaterally, right greater than left. Examination of the wrist revealed tenderness upon palpation of the bilateral wrist right greater than left with decreased range of motion noted bilaterally, right greater than left. The injured worker's treatment plan included medication refills. The injured worker's prior treatments included a medication management. The injured worker's medication regimen included Naproxen, Cyclobenzaprine, Exoten, Protonix, and Norco. The provider submitted a request for topical analgesia. The Request for Authorization dated 11/04/2013 was submitted for

capsaicin/flurbiprofen/tramadol/menthol/camphor. However, a rationale is not provided for review.

### **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%, 240g:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is then not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. It was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, it was not indicated the injured worker had tried and failed other treatments. The documentation submitted did not indicate the injured worker had findings that would suggest she was at risk for post herpetic neuralgia, diabetic neuropathy and post mastectomy pain. Additionally, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for osteoarthritis and tendinitis of the knee, elbow or other joints. There was little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In addition, the request did not indicate a frequency or quantity. Additionally, the provider did not indicate a rationale for the request. Therefore, the request is not medically necessary.