

<b>Case Number:</b>	CM14-0062981		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 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 51-year-old male who reported an injury on 02/21/2014. The mechanism of injury was being punched in the eye. Treatments included medications for pain. His diagnosis was noted to be medial orbital wall fracture. His chief complaint is pain in the right eye and right eyebrow. He described the severity as moderate. The injured worker denied blurry vision. The injured worker has partial numbness over right forehead region. The objective physical examination found the injured worker with a contusion to the right brow and an abrasion on the eyebrow. The eye exam included findings of anterior chamber clear, pain with range of motion with the right eye, mild injection of conjunctiva on the right eye. The treatment plan was for medications. A request for authorization was not found within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, 240gm:**  
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): 111-112.

**Decision rationale:** Topical analgesics are recommended as an option. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics 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. Any agents are compounded as monotherapy in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The medication requested contains Tramadol. The guidelines do not recommend topical Tramadol. The documentation submitted for review does not indicate a failed trial of a tricyclic or SNRI antidepressant or an anti-epilepsy drug such as Gabapentin or Lyrica. The provider's request does not include a dosage frequency. As such, the request for capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, 240 gm is not medically necessary.

**Diclofenac 25%, Tramadol 15%, 240gm:** 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): 111-112.

**Decision rationale:** Topical analgesics are recommended as an option. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics 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. Any agents are compounded as monotherapy in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The medication requested contains Tramadol. The guidelines do not recommend topical Tramadol. The documentation submitted for review does not indicate a failed trial of a tricyclic or SNRI antidepressant or an anti-epilepsy drug such as Gabapentin or Lyrica. The provider's request does not include a dosage frequency. Therefore, the request for Diclofenac 25%, Tramadol 15%, 240 gm is not medically necessary.