

<b>Case Number:</b>	CM14-0068714		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Management 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:

This is a patient with a date of injury of 4/1/09. A utilization review determination dated 4/17/14 recommends non-certification of a topical compound. 3/18/14 medical report identifies tenderness over L5-S1 with positive SLR along the S1 dermatome. The patient is not tolerating oral medications well while trying to work and perform ADLs, and also has GI irritation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Compound (Capsaicin 0.025%, Dextromethorphan 10%, Tramadol 15%, Camphor 1%, Menthol 5%, Florbiprofen 20%, Lidocaine 5%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Non-steroidal Anti-Inflammatory agents (NSAIDs), Acute Pain..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111-113 of 127 Page(s): 111-113 OF 127.

**Decision rationale:** Regarding the request for Topical Compound (Capsaicin 0.025%, Dextromethorphan 10%, Tramadol 15%, Camphor 1%, Menthol 5%, Florbiprofen 20%, Lidocaine 5%), California MTUS notes that topical NSAIDs are indicated for Osteoarthritis and

tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Topical lidocaine is Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Additionally, it is supported only as a dermal patch. Capsaicin is Recommended only as an option in patients who have not responded or are intolerant to other treatments. Within the documentation available for review, the above mentioned criteria have not been clearly documented and there is no clear rationale presented identifying the medical necessity of components such as dextromethorphan to the compound. In light of the above issues, the currently requested Topical Compound (Capsaicin 0.025%, Dextromethorphan 10%, Tramadol 15%, Camphor 1%, Menthol 5%, Florbiprofen 20%, Lidocaine 5%) is not medically necessary.