

<b>Case Number:</b>	CM14-0071975		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/05/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 38-year-old male with a reported date of injury on 01/05/2013. The mechanism of injury was a fall from a 12-foot height while working on a construction site which caused a pelvic fracture and a left sacral fracture with left pelvic hematoma diastasis of the symphysis. His diagnoses consisted of lumbar spine disc protrusion; headaches; sacral fracture; lower extremity neuropathy; compression fracture at T12; closed head trauma without loss of consciousness; urine frequency; urine urgency; nocturia; cystic mass to the right leg; decreased sensation on the left side of the penis; erectile dysfunction; and chronic pain. The injured worker has had previous treatments of physical therapy, occupational therapy, and aquatic therapy. The efficacies of those treatments were not provided. The injured worker had an examination on 06/20/2014 regarding his multiple complaints of pain. The injured worker reported that he had constant and stinging pelvic pain with a heavy, sharp feeling that was rated as moderate and occasionally severe. His pain did radiate to the front near his groin and buttock area when sitting, his back pain was constant, sharp, and burning, and radiated to his bilateral legs. The injured worker also had sore ribs and pain with deep breathing and rotation at the top of the body. He also complained of numbness to the left foot and he ambulated with crutches. Upon examination, he did have tenderness to palpation with spasms of the thoracic and lumbar paraspinal and left gluteal muscles. He had tenderness to palpation of the T12 spinous process and had tenderness to palpation of the sacrum coccyx. The examination for his range of motion was deferred and the orthopedic tests were also deferred. The listed medications included Neurontin, Hydrocodone, Tramadol, Cyclobenzaprine, Naproxen, and Protonix, and Transdermal compounds. The recommended plan of treatment was to request more aqua therapy, authorization to an orthopedic specialist, and to refill the medications. The Request for Authorization and the rationale were not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy Purchase: Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%; 240gm Cyclobenzaprine 2%, Flurbiprofen 20%; 240g Amitriptyline 4%, Dexamethorphan 10% and Tramadol 20%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs, OPIOIDS.

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

**Decision rationale:** The request for pharmacy purchase Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm; Cyclobenzaprine 2%, Flurbiprofen 20% 240gm; And Amitriptyline 4%, Dexamethorphan 10% And Tramadol 20% is not medically necessary. The California MTUS Guidelines do not recommend any compounded product that contains at least 1 drug or drug class that is not recommended. The guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant of other treatments. Capsaicin is usually indicated for osteoarthritis, fibromyalgia, and chronic nonspecific back pain. The guidelines recommend NSAIDs for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment 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. Peer-reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids and that more robust primary studies are required to inform practice recommendations. The guidelines state that there is no evidence for the use of any other muscle relaxant as a topical product other than baclofen that is used in the treatment of cancer patients. Peer reviewed literature states that while local peripheral administration of antidepressants has been demonstrated to produce analgesia in the formalin model of tonic pain; a number of actions, to include inhibition of noradrenaline (NA) and 5-HT reuptake, inhibition of NMDA, nicotinic, histamine, and 5-HT receptors, and block of ion channels and even combinations of these actions, may contribute to the local peripheral efficacy of antidepressant; therefore the contribution of these actions to analgesia by antidepressants, following either systemic or local administration, remains to be determined. There is no evidence or documentation that the injured worker has been unresponsive or intolerant of other previous treatments. The injured worker does not have a diagnosis of osteoarthritis, fibromyalgia, or nonspecific back pain. There is no evidence that the injured worker has osteoarthritis or tendinitis particularly to a joint that is amenable to topical treatment. Tramadol, Cyclobenzaprine, and Amitriptyline are not recommended for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. Therefore, the request for pharmacy purchase Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol

2%, Camphor 2% 240gm; Cyclobenzaprine 2%, Flurbiprofen 20% 240gm; And Amitriptyline 4%, Dexamethorphan 10%, And Tramadol 20% is not medically necessary.