

<b>Case Number:</b>	CM14-0074695		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Orthopedic Surgeon and Fellowship Trained in Pediatric Orthopedics, and is licensed to practice in Texas and Colorado. 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 44-year-old male who reported an injury on 12/06/2012. The mechanism of injury was not clearly indicated in the clinical notes. His diagnoses included intervertebral disc displacement of the lumbar region, radiculopathy of the lumbar region, anxiety disorder, and an unspecified mood disorder. The injured worker's past treatments included acupuncture, medication, physical therapy, and topical patches. His diagnostic exams include electromyography and an MRI of the lumbar spine. The clinical notes did not clearly indicate surgical history. On 04/10/2014, the injured worker complained of burning low back pain that radiated to the left leg. The patient rated the pain as 8/10 on a pain analog scale. He described his pain as constant, moderate to severe. The pain was associated with numbness and tingling of the bilateral lower extremities. He also stated that the pain was radiating into his left leg and bottom of the foot. He also stated that his pain was aggravated by activities of daily living, such as getting dressed and performing personal hygiene. The physical exam revealed tenderness to palpation at the left sciatic notch and quadrates lumborum with a trigger point noted at the lumbosacral junction. It was also noted that he had decreased range of motion of the lumbar spine. A neurological exam revealed decreased sensation to pin prick and light touch at the L4-5 and S1 dermatomes in the left lower extremity. His motor strength was 4/5 in all represented muscle groups of the bilateral lower extremities. The injured worker's medications included Fanatrex, Synapryn, Tabradol, and a topical ointment. The treatment plan consisted of the continued use of his medications, which included 2 topical compound analgesics. The request was received for 240 g Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, and Camphor 2%. In addition, there was a request for a 240 g of Diclofenac 25% and Tramadol 15%.

The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was not submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**240gr Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%:**  
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): 111-113.

**Decision rationale:** The request for 240gr Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, and Camphor 2% is not medically necessary. The California/MTUS Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Concerning the use of topical NSAIDs such as Flurbiprofen, the guidelines state that this treatment may be recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. However, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Concerning Capsaicin, the guidelines recommended it only as an option in patients who have not responded or are intolerant to other treatments. Based on the clinical notes, the injured worker had a diagnosis of lumbar radiculopathy with complaints of decreased sensation at the L4, L5-S1 dermatomes of the left lower extremity. Although, he had this diagnosis there was an absence of evidence that the injured worker tried and failed the use of antidepressants and anticonvulsants to warrant the use of topical analgesics. Additionally, in regards to the use of NSAID's as a topical analgesic the guidelines would not support its use for the treatment of the spine. The injured worker did not have a diagnosis of osteoarthritis that warranted the use of NSAID's for topical use. In addition, the use of Capsaicin would not be supported as the guidelines recommend it only as an option in patients who have not responded or are intolerant to other treatments. The clinical notes indicated that he attended both acupuncture and physical therapy sessions for his complaints of low back pain, but there is no objective evidence that indicated whether he failed these treatments. Therefore, due to lack of documentation indicating that he failed conservative treatments and lack of evidence that he failed the use of antidepressants and anticonvulsants, the request is not supported. Thus, the request for 240gr Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, and Camphor 2% is not medically necessary.

**240gr Diclofenac 25%, Tramadol 15%:** 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): 111-113.

**Decision rationale:** The request for 240gr Diclofenac 25%, Tramadol 15% is not medically necessary. The California/MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trails to determine efficacy or safety. Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Concerning the use of topical NSAIDs, the guidelines state that this treatment may be recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment; however, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Topical NSAIDs are not recommended for neuropathic pain, as there is no evidence to support use. Based on the clinical notes, the injured worker had a diagnosis of lumbar radiculopathy with complaints of decreased sensation at the L4, L5-S1 dermatomes in the left lower extremity. Although, he had this diagnosis there is an absence of evidence that the injured worker tried and failed the use of antidepressants and anticonvulsants to warrant the use of topical analgesics. Additionally, in regards to the use of NSAID's as a topical analgesic the guidelines would not support its use for the treatment of the spine. In addition, the injured worker did not have a diagnosis of osteoarthritis that warranted the use of NSAID's for topical use. Moreover, the guidelines state that topical NSAIDs are not recommended for neuropathic pain, as there is no evidence to support use. Therefore, due to lack of support for the use NSAID's as a topical ointment, the request is not supported. Thus, the request for 240gr Diclofenac 25%, Tramadol 15% is not medically necessary.