

<b>Case Number:</b>	CM14-0077546		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 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 55 year old female who is reported to have sustained work related injuries on 04/17/13. It is reported that while lifting a trash bag that weighed approximately 50 pounds she experienced low back pain and subsequently struck her left hand against a metal part. She was initially diagnosed with a contusion injury of the left hand and tenosynovitis of the left first digit. The record indicates that she received chiropractic treatment and physical therapy. Records indicate that on 10/18/13 the injured worker was taken to surgery and underwent an excision of the trapezium resection arthroplasty of the CMC joint of the left hand. The record notes that the injured worker had complaints of low back pain and was referred for MRI of the lumbar spine which showed evidence of multilevel degenerative changes. She is reported to have low back pain mainly over the right SI joint. On examination she is tender to palpation over the lumbar paraspinal musculature and right SI joint. She is reported to have positive Faber's test and positive Patrick's test. She subsequently has been recommended to use compound medications. Per a utilization review determination dated 05/15/14, a request for Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, Mediderm base-240 gm was non-certified.

### 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%, Mediderm base-240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical compounds Page(s): 111, 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medications.

**Decision rationale:** The California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: Flurbiprofen 15% and Tramadol 15%, which have not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended, and therefore, the request for Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, Mediderm base-240 gm is not medically necessary.