

Case Number:	CM14-0079310		
Date Assigned:	07/18/2014	Date of Injury:	01/05/2004
Decision Date:	08/15/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/29/2014

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 Occupational 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:

Injured worker is a male with date of injury 1/5/2004. Per primary treating physician's progress report dated 5/19/2014, the injured worker complains of burning, radicular neck pain radiating into the left shoulder, constant and moderate to severe, rated at 9/10. He also complains of sharp stabbing pain at the left side of the abdomen. He also has burning, radicular lower back pain radiating into the left leg down to the heel rated at 9/10, and described as constant and moderate to severe. He is anxious, depressed, stressed, and has difficulty sleeping. He states that the symptoms persist but the medications do offer him temporary relief of pain and improve his ability to have restful sleep. He denies any problems with the medications. The pain is also alleviated by activity restrictions. On exam he has tenderness at the suboccipital region, scalene, and trapezius. He has decreased range of motion, decreased sensation bilaterally and decreased myotomes bilaterally. Abdominal exam is normal. He ambulates with a cane. He has a well healed scar over the midline lumbar spine. He heel and toe walks with pain. He squats to 30%. He has decreased sensation and decreased myotomes for the lumbar spine. Diagnoses include 1) cervical spine sprain/strain, rule out HNP 2) cervical radiculopathy 3) abdominal pain 4) lumbago 5) status post lumbar spine surgery with residual pain 6) anxiety disorder 7) mood disorder 8) stress 9) sleep disorder.

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%; Mentho 2%; Camphor 2%
240grams, topical compound cream: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin, NSAIDs, Opioids for Neuropathic Pain section and Opioids, specific drug list, Topical Analgesics Page(s): 28, 67-73, 82, 83, 93, 94, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Topical NSAIDs, such as topical Flurbiprofen, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. The MTUS Guidelines state that tramadol is not recommended as a first-line oral analgesic. The MTUS Guidelines do not address the use of topical tramadol. Menthol is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Camphor is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It is used topically to relieve pain and reduce itching. It is used topically to increase local blood flow and as a counterirritant which reduces pain and swelling by causing irritation. The medical necessity has not been established for the use of topical capsaicin, topical NSAIDs or topical tramadol. The request for Capsaicin 0.025%; Flurbiprofen 15%; Tramadol 15%; Mentho 2%; Camphor 2% 240grams, topical compound cream is not medically necessary.

diclofenac 25%/Tramadol 15% 240gram, topical compound cream.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, Opioids for Neuropathic Pain section and Opioids, specific drug list section, Topical Analgesics section Page(s): 67-73, 82, 83, 93, 94, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs, such as topical Diclofenac, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Diclofenac 1% is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been

evaluated for treatment of the spine, hip or shoulder. The injured worker's pain is not described as pain from osteoarthritis. The MTUS Guidelines state that Tramadol is not recommended as a first-line oral analgesic. The MTUS Guidelines do not address the use of topical Tramadol. The medical necessity has not been established for the use of topical NSAIDs or topical Tramadol. The request for Diclofenac 25%/Tramadol 15% 240gram, topical compound cream is not medically necessary.