

<b>Case Number:</b>	CM14-0081123		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/23/2009
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 and is licensed to practice in Illinois. 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 62-year-old male who reported an injury on 12/23/2009; the mechanism of injury was described as a cumulative injury. Within the clinical visit on 03/04/2014, it was noted that the injured worker had flu symptoms and took over-the-counter medications. The injured worker stated that "his blood pressure was within normal limits with no chest pains and on average was running a blood pressure of 118/80." The physical examination included a standard assessment of the blood pressure and weight with auscultation of the heart and lungs with no noted edema in the extremities and unremarkable findings in the abdomen. The injured worker's diagnoses were listed as hypertension and sinus tachycardia that had resolved. The treatment plan included Cozaar 25 mg, Bystolic 10 mg, avoid all over-the-counter medications except high blood pressure products, and return for re-evaluation in 3 months. The request for authorization was not provided within the submitted medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request for Capsaicin/Lidocaine/Cyclobenzaprine HCL/Flurbiprofen/Glycerin 120ml, DOS: 02/07/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for retrospective Capsaicin/Lidocaine/Cyclobenzaprine HCL/ Flurbiprofen/Glycerin 120 ml, DOS: 02/07/2014 is not medically necessary. The California MTUS Guidelines state that "any compounded product that contains at least 1 drug (or drug class) that is not recommended is not as a whole recommended." The guidelines further state that "Capsaicin is only recommended as an option for injured workers who have not responded or are intolerant to other treatments and that there have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." In regards to the Lidocaine, the guidelines state that "Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status for diabetic neuropathy and no other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain." Moreover, the guidelines also state that "topical applications of muscle relaxants show no evidence for use and are not recommended." The guidelines also state that for "topical non-steroidal anti-inflammatory drugs (NSAIDs), they have been shown to be superior to placebo in the first 2 weeks of treatment for osteoarthritis, but either not afterward or with diminishing effects over another 2 week period." There are multiple ingredients listed within the compounded cream that are not recommended by the guidelines along with no strengths provided within the request of the compounded cream. In addition, there is no documentation to show why the injured worker was intolerant of taking the oral forms of the medications. At this time, the request cannot be supported by the guidelines. As such, the request is not medically necessary.

**Retrospective Request for Capsaicin/Lidocaine/Tramadol/Ketoprofen/Glycerin 120ml, DOS: 02/07/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The retrospective request for Capsaicin/Lidocaine/Tramadol/Ketoprofen/Glycerin 120 ml, DOS 02/07/14 is not medically necessary. The California MTUS Guidelines state that "any compounded product that contains at least 1 drug (or drug class) that is not recommended is not as a whole recommended." The guidelines further state that "Capsaicin is only recommended as an option for injured workers who have not responded or are intolerant to other treatments and that there have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." In regards to the Lidocaine, the guidelines state that "Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status for diabetic neuropathy and no other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain." Moreover, the guidelines state that "for Ketamine, it is under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and

secondary treatments have benefit exhausted." There are multiple ingredients listed within the compounded cream that are not recommended by the guidelines, along with no strengths provided within the request of the compounded cream. In addition, there is no documentation to show why the injured worker was intolerant of taking the oral forms of the medications and at this time, the request cannot be supported by the guidelines. As such, the request is not medically necessary.