

Case Number:	CM14-0090248		
Date Assigned:	09/10/2014	Date of Injury:	10/14/2011
Decision Date:	10/10/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/16/2014

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 Internal 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 patient is an injured worker with the diagnoses of Myoligamentous strain of the cervical spine and left trapezius musculature, inflammatory process of the shoulders bilaterally, lateral epicondylitis left de Quervain's tenosynovitis left, Myoligamentous strain of the lumbar spine, inflammatory process of the right knee, inflammatory process of the left knee, and headaches. Date of injury was 10-14-2011. Primary treating physician's progress report dated 4/21/14 documented subjective complaints of neck, lower back and knee pain. Objective findings were documented. Range of motion of the cervical spine was decreased. There was tenderness. Range of motion of the lumbar spine was decreased. There was tenderness. Range of motion of the knees was decreased. There was tenderness. Diagnoses were myoligamentous strain of the cervical spine and left trapezius musculature, inflammatory process of the shoulders bilaterally, lateral epicondylitis left, DeQuervain's tenosynovitis left, myoligamentous strain of the lumbar spine, inflammatory process of the right knee, inflammatory process of the left knee, and headaches. Treatment plan included H-Wave machine, Anaprox, Zanaflex, Ultram, and Prilosec. The request was for compounded transdermal cream Tramadol 15% / Dextromethorphan 10% / Capsaicin 0.025%. Utilization review determination date was May 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Capsaicin, topical Page(s): 28, 29, 111-113. Decision based on Non-MTUS Citation Topical Analgesics in the Management of Acute and Chronic Pain Volume 88, Issue 2, Pages 195-205, February 2013 <http://www.ncbi.nlm.nih.gov/pubmed/23374622>
[http://www.mayoclinicproceedings.org/article/S0025-6196\(12\)01170-6/fulltext](http://www.mayoclinicproceedings.org/article/S0025-6196(12)01170-6/fulltext)

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Mayo Clinic Proceedings article titled Topical Analgesics in the Management of Acute and Chronic Pain (2013) describes the results of a systematic review of the efficacy of topical analgesics in the management of acute and chronic pain conditions, and concluded that limited evidence is available to support the use of other topical analgesics in acute and chronic pain. There are no randomized controlled trials that support the use of topical Tramadol. There are no randomized controlled trials that support the use of topical Dextromethorphan. FDA guidelines document that Dextromethorphan is an antitussive cough suppressant that is indicated for the management of cough. Medical records do not document that the patient has not responded or is intolerant to other treatments, which is a MTUS requirement for the use of Capsaicin. Per MTUS, Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. There are no randomized controlled trials that support the use of topical Tramadol or topical Dextromethorphan. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the medical necessity of compounded transdermal cream Tramadol 15% / Dextromethorphan 10% / Capsaicin 0.025% is not supported. Therefore, the request for compounded transdermal cream Tramadol 15% / Dextromethorphan 10% / Capsaicin 0.025% is not medically necessary.

Dextromethorphan 10%: 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 Capsaicin, topical Page(s): 28, 29, 111-113. Decision based on Non-MTUS Citation Topical Analgesics in the Management of Acute and Chronic Pain Volume 88, Issue 2, Pages 195-205, February 2013 <http://www.ncbi.nlm.nih.gov/pubmed/23374622>
[http://www.mayoclinicproceedings.org/article/S0025-6196\(12\)01170-6/fulltext](http://www.mayoclinicproceedings.org/article/S0025-6196(12)01170-6/fulltext) FDA Prescribing Information Dextromethorphan <http://www.drugs.com/ppa/dextromethorphan-hydrobromide.html>

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Capsaicin 0.025% Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL MEDICINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Capsaicin, topical Page(s): 28, 29, 111-113. Decision based on Non-MTUS Citation Topical Analgesics in the Management of Acute and Chronic Pain Volume 88, Issue 2, Pages 195-205, February 2013 <http://www.ncbi.nlm.nih.gov/pubmed/23374622> [http://www.mayoclinicproceedings.org/article/S0025-6196\(12\)01170-6/fulltext](http://www.mayoclinicproceedings.org/article/S0025-6196(12)01170-6/fulltext) FDA Prescribing Information Dextromethorphan <http://www.drugs.com/ppa/dextromethorphan-hydrobromide.html>

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concluded that limited evidence is available to support the use of other topical analgesics in acute and chronic pain. There are no randomized controlled trials that support the use of topical Tramadol. There are no randomized controlled trials that support the use of topical Dextromethorphan. FDA guidelines document that Dextromethorphan is an antitussive cough suppressant that is indicated for the management of cough. Medical records do not document that the patient has not responded or is intolerant to other treatments, which is a MTUS requirement for the use of Capsaicin. Per MTUS, Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. There are no randomized controlled trials that support the use of topical Tramadol or topical Dextromethorphan. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the medical necessity of compounded transdermal cream Tramadol 15% / Dextromethorphan 10% / Capsaicin 0.025% is not supported. Therefore, the request for compounded transdermal cream Tramadol 15% / Dextromethorphan 10% / Capsaicin 0.025% is not medically necessary.