

<b>Case Number:</b>	CM14-0094245		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/11/2002
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 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 64-year-old male who reported an injury on 03/11/2002 after being struck in the face by a cement hose with cement being splashed in his left eye. The injured worker reportedly sustained chemical burns, an injury to his lumbar spine, and suffered emotional distress. The injured worker's treatment history included a cornea transplant, psychological support, and multiple medications for pain control. The injured worker was evaluated on 05/20/2014. Physical findings included no spine deformities with any other significant examination findings. The injured worker's medications included a left eye topical medication, Aspirin 81mg, Avandia 4/Metformin 500mg, Diovan 160mg, Gabapentin/Acetaminophen 250/125mg, Naproxen 500mg, and topical agents to include Tramadol, Lidocaine, Dextromethorphan, Capsaicin, and Flurbiprofen/Lidocaine/Menthol/Camphor. The injured worker's diagnoses included status post left eye corneal transplant and hypertension. The injured worker's treatment plan included continuation with the current treatment plan. A request for authorization dated 05/23/2014 for Tramadol, Omeprazole, compounded cream, and Gabapentin was submitted on 05/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Tramadol 15%, Dextromethorphan 10%, Capsaicin 0.025%: 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 Analgesics Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Effectiveness of topical administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms, 2009 - Elsevier; Argoff, C. E. (2013, February). Topical analgesics in the management of acute and chronic pain. In Mayo Clinic Proceedings (Vol. 88, No. 2, pp. 195-205).

**Decision rationale:** The requested compound Tramadol 15%/Dextromethorphan 10%/Capsaicin 0.25% is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of capsaicin in a topical formulation unless there is documentation that the patient has failed to respond to all first-line treatments. The clinical documentation fails to provide any evidence that the patient has not responded to first-line medications to include antidepressants and anticonvulsants. Therefore, the use of Capsaicin would not be supported. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address the use of opioids or topical Dextromethorphan. Peer-reviewed literature does support the use of Dextromethorphan as a topical agent for neuropathic pain. However, peer-reviewed literature does not support the use of topical opioids as there is little scientific evidence to support the efficacy and safety of this medication in this type of formulation. California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug or drug class that is not supported is not recommended. Furthermore, the request as it is submitted does not provide a frequency of treatment or applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Tramadol 15%, Dextromethorphan 10%, and Capsaicin 0.25% is not medically necessary or appropriate.