

<b>Case Number:</b>	CM14-0094268		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/01/2009
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Nevada. 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 records presented for review indicate that this 54 year old female was reportedly injured on November 1, 2009. The mechanism of injury is undisclosed. The most recent progress note, dated January 23, 2014, indicates that there are ongoing complaints of bilateral foot pain. Current medications include Tylenol. The physical examination demonstrated a positive Tinel's test at the peroneal and tibial nerves bilaterally. There was a diagnosis of nerve compression and peripheral nerve impairment as well as a left ankle sprain. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right knee arthroscopy. A request was made for compounded Capsaicin, Flurbiprofen, Tramadol, Menthol, Camphor and was not certified in the preauthorization process on May 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded Medication Capsaicin, Flur Biprofen, Tramadol, Menthol, Camphor:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chronic Pain Subsection Under Medication-Compound Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 OF 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include antiinflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for compounded Capsaicin, Flurbiprofen, Tramadol, Menthol, and Camphor is not medically necessary.