

<b>Case Number:</b>	CM14-0099362		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 & Rehabilitation and is licensed to practice in Texas. 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 51-year-old female with a reported date of injury on 03/04/2013. The mechanism of injury was noted to be continuous trauma. Her diagnoses were noted to include lumbar sprain/strain, discogenic pain secondary to lumbar sprain, nonverifiable radiculopathy of the left lower extremity, cervical sprain/strain, asymptomatic carpal tunnel syndrome, and nonrestorative sleep. Her previous treatments were noted to include acupuncture, chiropractic treatment, and physical therapy. The progress note dated 04/28/2014 revealed complaints of constant neck pain rated 5/10 without medications and 1/10 with medications. The injured worker also complained of dull low back pain rated 5/10 without medications and 1/10 with medications with associated radiating pain, tingling, and numbness to the bilateral legs. The physical examination to the cervical spine revealed tenderness and myospasm palpable over the bilateral paracervical muscles and bilateral trapezius muscles. There were circumscribed trigger points with positive taught bands, twitch response, and positive jump sign with pressure over the bilateral cervical and trapezial muscles. There was positive Spurling's and cervical distraction as well as decreased range of motion. The physical examination of the thoracic spine revealed no parathoracic tenderness or myospasm. The physical examination of the lumbar spine revealed tenderness and myospasm palpable over the bilateral paralumbar muscles. There was tenderness palpable in both sciatic notches. The straight leg raise was positive that caused low back pain that radiated to the posterior thigh and a positive Bragard's test. There was decreased lumbar spine range of motion. The Request for Authorization form is not submitted within the medical records. The request was for 240 g of Capsaicin 0.025%, Flurbiprofen 15%, tramadol 15%, menthol 2%, camphor 2%, and 240 g of amitriptyline 4%, Dextromethorphan 10%, and tramadol 20%, however, the provider's rationale was not submitted within the medical records.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**240gm Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Flurbiprofen, Topical analgesics , Tramadol ,Topical Capsaicin, Salicylates topicals Page(s): 72.

**Decision rationale:** The request for 240gm Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% is not medically necessary. The injured worker complains of neck and low back pain. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo for the first 2 weeks of treatment for osteoarthritis, either not afterward, but have diminishing effect) over another 2 week period. Flurbiprofen is classified as a nonsteroidal anti-inflammatory agent. This agent is not currently FDA approved for topical application. FDA approved administration for Flurbiprofen include oral tablets and ophthalmic solution. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines recommend topical salicylates which includes methyl salicylate and camphor. The guidelines do not indicate there was a formulation of topical tramadol that had been FDA approved. The approved form of tramadol is for oral consumption, which is not recommended as a first line therapy. The guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended and tramadol and Flurbiprofen are not recommended as topical analgesics. Capsaicin is not recommended except for in cases where injured workers are intolerant to other treatments. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**240gm Amitriptyline 4%, Dextromethorphan 10%, Tramadol 20%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Antidepressants, Tramadol Page(s): 13, 82. Decision based on Non-MTUS Citation Other  
Medical Treatment Guideline or Medical Evidence: Dextromethorphan:MedlinePlus Drug  
Information.

**Decision rationale:** The request for 240gm Amitriptyline 4%, Dextromethorphan 10%,  
Tramadol 20% is not medically necessary. The injured worker complains of neck and back pain.

The California Chronic Pain Medical Treatment Guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Amitriptyline is not currently FDA approved for topical administration. Dextromethorphan is used to temporarily relieve cough caused by the common cold, the flu, or other conditions. Dextromethorphan will relieve a cough but will not treat the cause of the cough or speed recovery. Dextromethorphan is in a class of medications called antitussives. It works by decreasing activity in the part of the brain that causes coughing. Dextromethorphan comes as a liquid-filled capsule, a chewable tablet, a dissolving strip, a solution (liquid), an extended-release (long-acting) suspension (liquid), and a lozenge to take by mouth. It is usually taken every 4 to 12 hours as needed. Follow the directions on the package or prescription label carefully, and ask your doctor or pharmacist to explain any part you do not understand. The guidelines recommend for any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended and amitriptyline, Dextromethorphan, and tramadol are not recommended for topical administration. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.