

<b>Case Number:</b>	CM14-0165467		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	11/02/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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, has a subspecialty in Nephrology 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 a 61-year-old female who has submitted a claim for sprain and strain of the shoulder and neck associated with an industrial injury date of November 2, 2013. Medical records from 2014 were reviewed. The patient complained of sudden shoulder pain and neck pain aggravated by prolonged positioning. Physical examination showed limited motion of the cervical region and right shoulder. There is limited data submitted for review. Treatment to date has included acupuncture. The utilization review from September 4, 2014 denied the request for Flurbiprofen 25%, lidocaine 5%/, menthol 5%, camphor 1% and tramadol 15%/dextromethorphan 10%/capsaicin 0.025%, 30 grams as needed for symptoms related to bilateral shoulders and lumbar spine injury because of no evidence of trial of first-line therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 25%, Lidocaine 5%/, Menthol 5%, Camphor 1% and Tramadol 15%/Dextromethorphan 10%/Capsaicin 0.025%, 30 grams as needed for symptoms related to bilateral shoulders and lumbar spine injury: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (compounded) Page(s): 111-113 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Topical Analgesics Page(s): 28;111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs formulation is only supported for diclofenac in the California MTUS. In addition, there is little to no research as for the use of Flurbiprofen in compounded products. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. The topical formulation of tramadol does not show consistent efficacy. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor. Dextromethorphan is not addressed in the guidelines. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. In this case, topical cream is prescribed as adjuvant therapy to acupuncture. However, the prescribed medication contains Flurbiprofen, Lidocaine, and Tramadol which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for Flurbiprofen 25%, Lidocaine 5%/, Menthol 5%, Camphor 1% and Tramadol 15%/Dextromethorphan 10%/Capsaicin 0.025%, 30 grams as needed for symptoms related to bilateral shoulders and lumbar spine injury is not medically necessary.