

<b>Case Number:</b>	CM14-0209202		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	08/29/2014
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 45 year old female who was injured at work on 08/29/2014. . The office visit note of 1029/14 reported she was complaining of constant, severe pain in her low back that radiates to the left mid back, left upper back, scapular area, left buttocks and lateral left hip. In addition, she complained of cramping in her left thigh. The physical examination revealed tenderness to the paravertebral muscles, muscle guarding, muscle spasms, trigger points, pain in the left hip to the left shoulder, pain with heel and tiptoe walking, and mild varicose veins. The worker has been diagnosed of sprain lumbar region; sprain hip and thigh; Left Hip Trochanteric bursitis; Rule out depression and Anxiety. Treatments have included Tramadol, Ibuprofen, and Chiropractic care. . At dispute are the requests for Compound Medications x2: pcca lipoder cream, pcca pluroni gel, capsaicin powder, menthol cry, ketoprofen powder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Medications times 2: pcca lipoder cream, pcca pluroni gel, capsaicin powder, menthol cry, ketoprofen powder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The injured worker sustained a work related injury on to the 08/29/14. The medical records provided indicate the diagnosis of sprain lumbar region; sprain hip and thigh; Left Hip Trochanteric bursitis; Rule out depression and Anxiety. Treatments have included Tramadol, Ibuprofen, and Chiropractic care. The medical records provided for review do not indicate a medical necessity for Compound Medications times 2: pcca lipoder cream, pcca pluroni gel, capsaicin powder, menthol cry, ketoprofen powder. The MTUS recognizes the topical analgesics as experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed for the treatment of neuropathic pain. There is no indication the injured worker has failed treatment with the first line drugs for neuropathic pain; besides, the MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. The only agent recommended in this list is Capsaicin, the others are not recommended. Therefore, since the compounded topical analgesic contains agents that are not recommended the requested treatment is not medically necessary and appropriate.