

<b>Case Number:</b>	CM15-0002690		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old male who sustained an industrial injury on 04/04/29014. Diagnoses include internal derangement of the left knee with a torn medial meniscus, status post arthroscopy with medial meniscectomy, persistent patellofemoral pain, and grade III chondromalacia, non-industrial. Treatment has included medications, physical therapy, and knee injections. A physician note dated 11/10/2014 documents the injured worker has significant knee pain, and was taking Norco but was weaned off. He has had injections which really did not help. The injured worker has a positive McMurry's, Apley, 1+ effusion, tenderness, and decreased range of motion. Treatment request is for Tramcapc (Capsaicin 0.0375%, Menthol 10%, Camphor 2.5%, Tramadol 20%), for use for his muscle and joint stiffness, treatment of arthritis, simple backaches, sprains, strains, and bruises. On 12/30/2014 Utilization Review non-certified the request for Tramcapc (Capsaicin 0.0375%, Menthol 10%, Camphor 2.5%, Tramadol 20%), Compound Topical Dispensing, citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine(ACOEM)-Topical Medicines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramcapc (Capsaicin 0.0375%, Menthol 10%, Camphor 2.5%, Tramadol 20%): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 web-based edition. MTUS guidelines [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)

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

**Decision rationale:** The patient, a 53-year-old male with an injury date of 04/04/14, presents with left knee pain. The request is for TRAMCAPC (CAPSAICIN 0.0375%, MENTHOL 105, CAMPHOR 2.5 5, TRAMADOL 20%). The RFA is not included. Patient is permanent and stationary. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. MTUS chronic pain medical treatment guidelines, pages 111-113, for Topical Analgesics states: Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. MTUS discusses various Topical's with their indications. However, there is no discussion specific to Tramadol. ODG guidelines do not discuss Tramadol topical either. Given the lack of the guidelines discussion and lack of evidence, the request IS NOT medically necessary.