

<b>Case Number:</b>	CM15-0147155		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	10/15/2008
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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 76 year old male, who sustained an industrial injury on 10/15/2008. He reported a coworker running over his right foot, causing him to hit his right knee and fall to the ground hitting his low back side. The injured worker was diagnosed as having lumbar spine sprain, right knee sprain, and right ankle sprain, lumbar strain, history of right foot and ankle contusion, history of right knee contusion. Treatment to date has included medications, chiropractic care, and psychological evaluation. The request is for compound cream: Methyl-salicylate 20%, Menthol 10%, Capsaicin 0.0002%, 120 grams. On 3-4-2015, he reported pain to the right foot, right knee, right side of the neck and right side of the low back. He rated the pain 7-8 out of 10. The treatment plan included: Tramadol, Flexeril, Biofreeze, deep tissue massage, and transportation. His work status is noted as "patient has settled his case with open future medical care". On 5-20-2015, he reported low back pain with radiation into the right knee as well as the right foot. He rated his pain as 9 out of 10 and indicated with medications it will go down to 8 out of 10. There is tenderness noted in the low back area upon examination, and a positive straight leg raise test bilaterally. The treatment plan included: Prilosec, Tramadol, Baclofen, trial of for home use of electrical stimulation, deep tissue massage, transportation, and continuation of home exercise program. His work status is noted as "settled his case with open future medical care". On 6-24-2015, he is noted as having not returned to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream - Methylsalicylate 20%, Menthol 10%, Capsaicin 0.0002% - 120 gm:**  
Upheld

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

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

**Decision rationale:** The current request is for Compound cream - Methylsalicylate 20%, Menthol 10%, Capsaicin 0.0002% - 120 gm. The RFA is from 05/20/15. Treatment to date has included medications, chiropractic care, and psychological evaluation. The patient is not working. MTUS Chronic Pain Guidelines under Topical analgesics has the following on page 111 "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amenable to topical treatment. MTUS further states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." On 5-20-2015, the patient reported low back pain with radiation into the right knee as well as the right foot. He rated his pain as 9 out of 10 and indicated with medications it will go down to 8 out of 10. There is tenderness noted in the low back area upon examination, and a positive straight leg raise test bilaterally. In this case, the requested topical cream includes Methyl salicylate which is a NSAID and MTUS page 12 states "there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The patient suffers from chronic low back pain and does not meet the indication for a topical NSAID. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the entire compounded cream is rendered invalid. This request IS NOT medically necessary.