

<b>Case Number:</b>	CM15-0183612		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	03/23/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 64-year-old who has filed a claim for chronic low back, hip, knee, and ankle pain reportedly associated with an industrial injury of March 23, 2012. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for several topical compounded agents. The claims administrator referenced an RFA form dated August 11, 2015 in its determination. The claims administrator framed the request as a retrospective reconsideration for the topical compounds at issue. The topical compounds in question were endorsed via various bills issued at various points in time, including on July 12, 2013. On June 4, 2013, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of knee, ankle, hip, and neck pain. The topical compounds in question were endorsed on other dates, including on June 21, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE - Capsaicin 0.0375%, Menthol 10%, Camphor 2.5%, Tramadol 20%, Qty 240 gm, apply to affected area 15 min before exercise as needed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical.

**Decision rationale:** No, the request for a topical compounded capsaicin-menthol-camphor-tramadol-containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin, i.e., the primary ingredient in the compound at issue, is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals present which would have compelled provision of the capsaicin-containing topical compounded agent in question. This and other topical compounds were seemingly endorsed via various pharmacy bills in 2013, without any supporting rationale or commentary. Therefore, the request was not medically necessary.

**RETROSPECTIVE - Flurbiprofen 25%, Diclofenac 10%, 240 gm, apply to affected area 2 times daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Similarly, the request for a flurbiprofen-diclofenac-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac, i.e., the secondary ingredient in the compound, has "not been evaluated" in the treatment of the spine, hip, and/or shoulder. Here, however, the applicant's primary pain generators were, in fact, the lumbar spine and hip, i.e., body parts for which topical diclofenac has not been evaluated. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.