

<b>Case Number:</b>	CM15-0207715		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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, Hawaii  
 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:

This 52 year old male sustained an industrial injury on 8-16-03. Documentation indicated that the injured worker was receiving treatment for plantar fasciitis, right knee internal derangement, right knee medial meniscus tear status post repair. Past medical history was significant for hypertension. In the most recent documentation submitted for review, a PR-2 dated 9-24-15, the injured worker complained of ongoing right knee pain with radiation into the right foot associated with numbness and tingling in the right ankle, foot and toes. Physical exam was remarkable for right knee with tenderness to palpation, spasms, mild, diffuse swelling, decreased and painful range of motion 0 to 130 degrees, 4 out of 5 strength to the hamstring and right quadriceps and positive McMurray's test. The treatment plan included referral to a physician for medication and physical therapy and acupuncture once a week for six weeks. On 9-29-15, Utilization Review noncertified a request for Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2% and Camphor 2% 240gm #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%/ Flurbiprofen 15%/ Tramadol 15%/ Menthol 2%/ Camphor 2% 240gm #1: Upheld**

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

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

**Decision rationale:** The patient presents with pain affecting the right knee. The current request is for Capsaicin 0.025%/Flurbiprofen 15%/ Tramadol 15%/ Menthol 2%/ Camphor 2% 240gm #1. The requesting treating physician report was not found in the documents provided for review. The MTUS guidelines page 111 regarding topical NSAIDs states, Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). The medical reports provided do not discuss if the patient has been prescribed this topical compound previously. This topical compounded analgesic contains Tramadol. The MTUS requirements for opioid usage are not found in the documents provided. In this case, Tramadol is not supported and MTUS states. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The current request is not medically necessary.