

<b>Case Number:</b>	CM15-0032433		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	02/02/2007
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Family Practice

### 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 42 year old female, who sustained an industrial injury on 2/2/2007. She has reported back pain. The diagnoses have included lumbar radiculopathy, impingement syndrome, lumbar herniation without myelopathy, bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release. Treatment to date has included medication therapy, physical therapy, facet blocks, and lumbar support. Currently, the IW complains of low back pain, left shoulder pain, bilateral hand pain with numbness, and radiation to bilateral lower extremities. The physical examination from 1/28/15 documented low back pain and right thigh pain generator is the L3-4 disc and the right ankle and foot radicular pain generator was the L5-S1 disc. The plan of care included updated diagnostic due to increased symptomatology, continued wrist splint support, and topical medications. On 2/5/2015 Utilization Review non-certified Capsaicin 0.025%/Menthol 10%/Camphor 2.5%/Tramadol 20% topical compound 120 grams, and Fluriprofen 24% /diclofenac 10%/ compound 120 grams. The ODG Guidelines were cited. On 2/20/2015, the injured worker submitted an application for IMR for review of Capsaicin 0.025%/Menthol 10%/Camphor 2.5%/Tramadol 20% topical compound 120 grams, and diclofenac 10%/Fluriprofen 24% compound 120 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin .0375%, menthol 10%, camphor 2.5%, tramadol 20% 120gm:** 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), Medication, Compound drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to guidelines topical analgesic are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, menthol, which is not supported and thus not medically necessary.

**Flurbiprofen 24%, diclofenac 10% 120gm:** 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), Medication, Compound drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to guidelines topical analgesic are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, this request is not medically necessary.