

<b>Case Number:</b>	CM15-0036196		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	01/04/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 injured worker is a 38-year-old female who sustained an industrial injury on 01/04/2013. Diagnoses include persistent tenosynovitis of the right wrist, recurrent tear of the TFCC, status post-surgery on 06/23/2014, and anxiety and depression. Treatment to date has included right wrist ulnar shortening osteotomy with lysis of adhesions of the dorsal sensory branch of ulnar nerve done on 6/23/2014, medications, physical therapy, home exercise program, heat and cold packs, ultrasound, electrical stimulation and bracing. A physician progress note dated 12/11/2014 documents the injured worker range of motion is improving; she still has some weakness and pain. She has normal range of motion of her cervical spine, bilateral shoulders, elbows, forearms and left wrist and hand. Right wrist range of motion dorsiflexion 60, volar flexion 50, radial deviation 20, deviation 30 degrees. Grip strength right/left 20/70 pounds). A physical therapy note dated 12/10/2014 documents the injured worker has pain rated 4 out of 10 and the worst it gets is 8-9 out of 10 at night and she is having difficulty sleeping. She is making minimal progress in all areas. She is limited by pain and weakness. Treatment requested is for Retrospective request for TRAMCAP (Tramadol / Capsaicin / Menthol / Camphor), provided on date of service: 09/05/14, 01/09/15, and TRAMCAPC (Tramadol / Capsaicin / Menthol / Camphor). On 01/22/2015 Utilization Review non-certifies the request for TRAMCAPC (Tramadol / Capsaicin / Menthol / Camphor), provided on date of service: 09/05/14, 01/09/15, and TRAMCAPC (Tramadol/Capsaicin/Menthol/Camphor) and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Guidelines Medical Treatment Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for TRAMCAPC (Tramadol/Capsaicin/Menthol/Camphor), provided on date of service: 09/05/14, 01/09/15: Upheld**

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

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

**Decision rationale:** There was no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\gamma$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case Tramadol is not FDA approved for a topical application. There was no documentation provided indicating that the claimant could not tolerate oral analgesic medications. Medical necessity for the requested item was not established. The requested treatment was not medically necessary.

**TRAMCAPC (Tramadol/Capsaicin/Menthol/Camphor): Upheld**

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

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

**Decision rationale:** There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control ( including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\gamma$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended. In this case Tramadol is not FDA approved for a topical application. There is no documentation provided indicating that the claimant cannot tolerate oral analgesic medications. Medical necessity for the requested item is not established. The requested treatment is not medically necessary.