

<b>Case Number:</b>	CM14-0120382		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee who has filed a claim for shoulder pain, arm pain, and back pain with derivative complaints of anxiety and depression reportedly associated with an industrial contusion injury of April 3, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; work restrictions; and topical compounds. In a Utilization Review Report dated July 8, 2014, the claims administrator denied a request for a topical compounded agent. The applicant's attorney subsequently appealed. In a July 9, 2014 progress note, the applicant presented with severe low back and shoulder pain. The applicant received acupuncture on that date. In a handwritten progress note dated June 25, 2014, the applicant was apparently given prescriptions for tramadol extended release and short-acting tramadol. On June 27, 2014, tramadol, Flexeril, Protonix, and topical compounded medications were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: 240 GM Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%.: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as the compound at issue are deemed "not recommended." In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of the capsaicin-containing topical compound, it is further noted. The applicant's ongoing usage of multiple first-line oral pharmaceuticals, including tramadol and Flexeril, effectively obviates the need for the topical compounded agent. Therefore, the request is not medically necessary.