

<b>Case Number:</b>	CM14-0127315		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	11/22/2010
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 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:

This 62 year old patient had a date of injury on 11/22/2010. The mechanism of injury was lifting a lift gate and fell and injured her hand. In a progress noted dated 5/28/2014, the patient complains of the same complaints, but no right ankle pain today. On a physical exam dated 5/28/2014, there is tenderness of the bilateral trapezius and suprascapular muscles and all aspects of the right shoulder. The back reveals tenderness of lumbar intervertebral spaces, left sacroiliac joint, and bilateral sciatic notches. The patient is taking Zanaflex and ultracet. The diagnostic impression shows inflammatory process of the right shoulder with stiff shoulder syndrome, sprain/strain of left shoulder secondary to overuse syndrome of the right shoulder, status post fracture of the right ring and little fingers, sprain/strain of the right ankle. Treatment to date: medication therapy, behavioral modification. A UR decision dated 9/10/2014 denied the request for transdermal cream tramadol 15%/dextromethorphan 10%/capsaicin .025%, stating that compound delivery systems are generally not FDA approved as the mechanism by which the drugs are delivered and its efficacy has not been extensively studied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal cream tramadol 15 % dextromethorphan 10% capsaicin 0.025 %:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the 5/28/2014 progress report, there was no clear evidence of a failure of a 1st line oral analgesic medication to justify the use of this topical. In fact, this patient noted to also be on Ultracet, which contains tramadol. No clear rationale was provided regarding the medical necessity of this medication, which contains tramadol, in addition to the Ultracet. Therefore, the request for Transdermal Cream Tramadol 15%/Dextromethorphan 10%/Lidocaine .025% was not medically necessary.