

<b>Case Number:</b>	CM14-0171846		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	10/29/2011
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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/Pain Medicine and Manipulation 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 patient is a 56-year-old male firefighter who sustained an industrial injury on October 29, 2011. The medical records indicate a history of reflux disease. An agreed medical examination supplemental report dated January 11, 2013 notes that there is a long-standing history of ongoing upper respiratory difficulties including diagnosis of asthma, sinusitis and rhinitis. There is also echocardiogram noting borderline left ventricular hypertrophy. It is also noted that the patient is hypertensive. Utilization review dated September 18, 2014 retrospectively non-certified the request for compound medications-Capsaicin/Lidocaine/Tramadol/Ketoprafen/Glycerin dispense compound DOS: 8/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective compound medications-Capsaicin/Lidocaine/Tramadol/Ketoprafen/Glycerin dispense compound DOS: 8/14/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

**Decision rationale:** According to the CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, while a history of reflux disease is indicated, the request for this topical medication is not supported. This medication consists of capsaicin, lidocaine, tramadol, and ketoprofen. As noted in the CA MTUS guidelines, topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. With regards to non-neuropathic pain, references state that topical lidocaine is not recommended. Furthermore, ketoprofen is not recommended in a topical application. As noted by the reference guidelines, this agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. For the reason stated above, the request is not medically necessary.