

<b>Case Number:</b>	CM14-0086018		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 41-year-old male who reported an injury on 08/19/2013 due to cumulative trauma. The injured worker reportedly sustained an injury to multiple body parts. The injured worker's treatment history included multiple medications, physical therapy, acupuncture, shockwave therapy, and activity modifications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 04/02/2014. It was documented that the injured worker was having elbow pain and left shoulder pain and left knee pain. Physical findings included pain with range of motion. It was noted that the injured worker had a cervical spine MRI that documented multilevel disc bulging from the C3 to the C7. The injured worker's diagnoses included cervicobrachial neuritis, cervical sprain/strain, and elbow lateral epicondylitis. The injured worker's treatment plan included chiropractic care, acupuncture, a urine drug screen, shockwave therapy, and continuation of topical medications. A request for authorization for Capsaicin 0.025%, Flurbiprofen 15%, tramadol 15%, menthol 2%, and camphor 2% and a topical containing diclofenac 20% and tramadol 15% was requested on a request for authorization form dated 04/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**240gm 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.

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

**Decision rationale:** The requested 240gm Capsaicin 0.025, Flurbiprofen 15%, Tramadol 15%, Menthol 2% Camphor 2% is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends nonsteroidal anti-inflammatory drugs as topical analgesics when the patient has failed to respond to oral formulations of nonsteroidal anti-inflammatory drugs. The clinical documentation does not provide any evidence that the injured worker has failed to respond to oral formulations of this medication. Furthermore, the request as it is submitted does not clearly identify a body part for treatment. The injured worker has multiple pain generators. The California Medical Treatment Utilization Schedule does not recommend the use of topical nonsteroidal anti-inflammatory drugs for spinal pain. As it cannot be determined if the medication will be used for the injured worker's cervical spine pain or elbow pain, continued use would not be supported. The California Medical Treatment Utilization Schedule does not support the use of Capsaicin unless the patient has failed first line medications and chronic pain management treatments. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed first line medications to include antidepressants and anticonvulsants. The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address topical opioids. Peer reviewed literature does not support the use of topical opioids as there is little scientific evidence to support the long-term efficacy and safety of this medication as a topical agent. The California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug or drug class that is not supported is not recommended. As such, the requested 240gm Capsaicin 0.025, Flurbiprofen 15%, Tramadol 15%, Menthol 2% Camphor 2% is not medically necessary or appropriate.

**240gm Diclofenac 25%, Tramadol 15%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Opioids Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Effectiveness of topical administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms, 2009 - Elsevier.

**Decision rationale:** The requested 240gm Diclofenac 25%, Tramadol 15% is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the use of topical nonsteroidal anti-inflammatory drugs unless there is documentation that the injured worker is unable to tolerate oral formulations of this type of medication. Additionally, the request as it is submitted does not specifically identify a body part. The California Medical Treatment Utilization Schedule does not support the use of nonsteroidal anti-inflammatory drugs for spinal pain. The clinical documentation supports that the injured worker

has multiple pain generators to include the cervical spine. As there was no way to determine the applicable body part, the use of this medication would not be supported. The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address the use of topical opioids. Peer reviewed literature does not support the use of topical opioids as there is little scientific evidence to support the long-term safety and efficacy of this medication. The California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug (or drug class) that is not recommended is not recommended. As such, the requested 240gm Diclofenac 25%, Tramadol 15% is not medically necessary or appropriate.