

<b>Case Number:</b>	CM14-0097337		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/13/2007
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 53-year-old female with an original date of injury of March 3, 2007. The patient has diagnoses of chronic low back pain, lumbar discogenic pain, and lumbar radiculopathy. There is also associated diagnoses of anxiety. The disputed request is for a topical medication consisting of Sayson, menthol, camphor, tramadol, and Lidoderm. A utilization review determination on June 12, 2014 had noncertified this request. The stated rationale for this denial included the lack of evidence to use Sayson in combination with other agents, the lack of evidence for a formulation of capsaicin higher than 0.025%, and the lack of evidence for topical tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.037% + Menthol 10% + Camphor 2.5%+ Tramadol 15% in Lipoderm 120GM:** 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 Section Page(s): 113.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify the following regarding topical Analgesics: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The California Medical Treatment and Utilization Schedule do not have provisions for topical tramadol. There is an absence of peer review controlled studies on topical tramadol and it is not recommended. Therefore, this compounded formulation of Capsaicin 0.037% + Menthol 10% + Camphor 2.5%+ Tramadol 15% in Lipoderm 120GM is not medically necessary and appropriate.