

<b>Case Number:</b>	CM14-0156104		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	05/05/2005
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 sustained an industrial injury on 5/05/2005. Diagnoses include left lateral epicondylitis and left elbow pain. Treatment to date has included modified work, diagnostics, medications, physical therapy, bracing, injections, ice and rest. Per the Primary Treating Physician's Progress Report dated 1/27/2015, the injured worker reported ongoing left elbow pain with pushing, pulling, lifting and torquing activities. Physical examination revealed left elbow hyperextension to 130, supination 85 and pronation 90. There was pain with resisted supination or lateral epicondyles. There was pain with resisted dorsiflexion over the lateral epicondyle. There was pain at the endpoints of extension over the lateral epicondyles. There was slight pain over the lateral condyle with resisted palmar flexion. The plan of care included surgical intervention and authorization was requested for topical medications including Capsaicin/Flurbiprofen/Tramadol/Menthol/Camphor and Flurbiprofen/Lidocaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for topical compound Capsaicin/Flubiprofen/Tramadol/Menthol/ Camphor/ 0.025/15/2/2%, #240g: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regarding topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 93, 111-112. Decision based on Non-MTUS Citation UpToDate: Camphor and menthol: Drug information Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain.

**Decision rationale:** This medication is a compounded topical analgesic that contains capsaicin, flurbiprofen, tramadol, menthol, and camphor. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. In this case there is no documentation that the patient is suffering from osteoarthritis or fibromyalgia. Capsaicin is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRIs, TCAs and other opioids. This medication contains drugs that are not recommended. It is not recommended as a topical preparation. Camphor and menthol are topical skin products that available over the counter and used for the relief of dry itchy skin. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Camphor and menthol are not recommended. Therefore, the medication cannot be recommended. The request is not medically necessary.

**1 prescription for the topical Flurbiprofen/Lidocaine 25/10% #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regarding topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112.

**Decision rationale:** This medication is a compounded topical analgesic that contains flurbiprofen and lidocaine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation.

Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. In this case there is no documentation that the patient has failed treatment with first-line medications. Lidocaine is not recommended. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.