

<b>Case Number:</b>	CM15-0012214		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	12/14/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old female, who sustained an industrial injury on December 14, 2012. The diagnoses have included lumbar spine disc (not legible), left shoulder impingement. Treatment to date has included topical medications. In a progress note dated August 12, 2014, the treating provider report is handwritten and is not legible. On December 31, 2014 Utilization Review non-certified a retrospective tramadol/gabapentin/ cyclobenzaprine/ capsaicin/ menthol/camphor, and tamoxifen/tranilast/caffeine/alpha lipoic acid, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE Tramadol/ Gabapentin/ Cyclobenzaprine/ Capsaicin/ Menthol/ Camphor (Date of service: 10/29/14): 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): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is a limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Tramadol, Gabapentin, Menthol, Camphor and Capsaicin. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of RETROSPECTIVE Tramadol/ Gabapentin/ Cyclobenzaprine/ Capsaicin/ Menthol/ Camphor (Date of service: 10/29/14) is not medically necessary.

**RETROSPECTIVE Tamoxifen/ Tranilast/ Caffeine/ Alpha Lipoic Acid (Date of service: 10/29/14):** 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): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is a limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Caffeine, Tamoxifen and Lipoic acid. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of TRETROSPECTIVE Tamoxifen/ Tranilast/ Caffeine/ Alpha Lipoic Acid (Date of service: 10/29/14) is not medically necessary.