

<b>Case Number:</b>	CM15-0016928		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old female, who sustained an industrial injury on March 6, 2013. She has reported constant, moderate right shoulder pain, elbow and bilateral hand pain with numbness and tingling. The diagnoses have included major depressive disorder, single episode, generalized anxiety disorder and psychological factors affecting medical condition as well as right shoulder tendinitis, right lateral epicondylitis and bilateral carpal tunnel syndrome. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies and pain medications. Currently, the IW complains of constant, moderate right shoulder pain, elbow and bilateral hand pain with numbness and tingling. The injured worker reported an industrial injury in 2013, resulting in chronic pain as previously described. She was noted to find some relief with pain medications. On December 23, 2014, evaluation revealed continued pain. Ibuprofen was ordered and surgical intervention of the right shoulder and elbow was discussed. On January 13, 2015, Utilization Review non-certified a request for flurbiprofen and tramadol compound, capsaicin, flurbiprofen, tramadol and menthol compound and Medrox patch #1, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 22, 2015, the injured worker submitted an application for IMR for review of flurbiprofen and tramadol compound, capsaicin, flurbiprofen, tramadol and menthol compound and Medrox patch #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20 %, Tramadol 20 % 240gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** This patient presents with right shoulder, right elbow, right hand, and left hand pain. The treater is requesting FLURBIPROFEN 20%, TRAMADOL 20% 240 G. The RFA was not made available for review. The patient's date of injury is from 03/06/2013 and her current work status is modified duty. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended." The records do not show a history of use for this compound cream. The 12/09/2014 report notes that the patient continues to complain of constant moderate right shoulder, right elbow, right hand, and left hand pain. There is tenderness to palpation of the anterior shoulder and posterior shoulder. Shoulder apprehension causes pain on the right. Hawkins causes pain on the right. There is tenderness to palpation on the lateral elbow. Cozen's causes pain. Phalen's test causes pain. In this case, Tramadol has not been tested for transdermal use. The request IS NOT medically necessary.

**Capsaicin 0.025 %, Flurbiprofen 20 %; Tramadol 10 %; Menthol 2 %240g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation  
<http://dailymed.nlm.nih.gov/dailymed/druginfo.cfm?setid=e7836f22-4017-415f-b8f0-54b07b6d6c00>LABEL: MEDROX-menthol, capsaicin and methyl salicylate patch

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** This patient presents with right shoulder, right elbow, right hand, and left hand pain. The treater is requesting CAPSAICIN 0.025%, FLURBIPROFEN 20%, TRAMADOL 10%, MENTHOL 2% 240 G. The RFA was not made available for review. The patient's date of injury is from 03/06/2013 and her current work status is modified duty. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended." The records do not show a history of use for this compound cream. The 12/09/2014 report notes that the patient continues to complain of constant moderate right shoulder, right elbow, right hand, and left hand pain. There is tenderness to

palpation of the anterior shoulder and posterior shoulder. Shoulder apprehension causes pain on the right. Hawkins causes pain on the right. There is tenderness to palpation on the lateral elbow. Cozen's causes pain. Phalen's test causes pain. In this case, Tramadol has not been tested for transdermal use. The request IS NOT medically necessary.

**Medrox patch #1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation  
<http://dailymed.nlm.nih.gov/dailymed/druginfo.cfm?setid=e7836f22-4017-415f-b8f0-54b07b6d6c00>LABEL: MEDROX-menthol, capsaicin and methyl salicylate patch

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic;Capsaicin Page(s): 111-113, 29.

**Decision rationale:** This patient presents with right shoulder, right elbow, right hand, and left hand pain. Treater is requesting MEDROX PATCH #1. The RFA was not made available for review. The patient's date of injury is from 03/06/2013 and her current work status is modified duty. Medrox patch is a compound topical analgesic containing menthol 5%, capsaicin 0.0375%, and methyl salicylate. The MTUS Guidelines page 111 on topical analgesics states that it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short term use, between 4-12 weeks. It is indicated for patient with Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The records do not show a history of Medrox Patch use. In this case, the patient does present with peripheral joint arthritic pain of the elbow and a trial of Medrox patch is supported by the guidelines. The request IS medically necessary.