

<b>Case Number:</b>	CM15-0176733		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50-year-old male, who sustained an industrial injury on 3-13-2014. The injured worker was diagnosed as having rule out acute left C5 radiculopathy. It was documented that he was treated for a cumulative trauma from 8-91 to 7-29-2012 for his neck and left shoulder, rated permanent and stationary on 12-17-2013. Treatment to date has included medications. On 3-25-2014, the injured worker complained of constant neck pain that radiated to his left shoulder and into his entire arm, causing numbness and tingling in his left thumb, index, long and ring fingers. He also reported left shoulder blade pain. His pain was not rated. His past medical history included diabetes mellitus and gout. He was currently taking (as documented on 3-25-2014) Metformin, Allopurinol, Lipitor, Aspirin, Glipizide, and Lisinopril. Exam of the cervical spine noted tenderness of the left paravertebral, left trapezius, and left scapula. His range of motion measurements for the cervical spine and bilateral upper extremities were within normal limits. Motor strength was initially documented 5 of 5 (bilateral deltoid, biceps, triceps, supinator, pronator teres, wrist flexors, and wrist extensors) and sensation was documented as abnormally decreased in the entire left upper extremity. Exam of the left shoulder noted left trapezius-scapular tenderness and motor was 4 of 5 in the left deltoid, subscapularis, supraspinatus, infraspinatus, biceps and triceps. Extension with internal rotation (active) was documented to S1 on the left, to T6 on the right. X-rays of the cervical spine were documented as showing degenerative changes of the lower cervical spine, greatest at C5-7. His work status was total temporary disability. He was provided non-steroidal anti-inflammatory drug medication and compound medications. The requests for Capsaicin-Menthol-Camphor-Tramadol and Diclofenac-Flurbiprofen for 4-01-2014 were non-certified by Utilization Review on 8-19-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS 4.1.2014) Capsaicin .0375% / Menthol 10% / Camphor 2.5% / Tramadol 20% 240gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Compounded agents, Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** This claimant was injured in 2014. The injured worker was diagnosed as having possible left C5 radiculopathy. It was documented that he was treated for a cumulative trauma from 8-91 to 7-29-2012 for his neck and left shoulder. MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed and therefore the requested treatment is not medically necessary.

**Retrospective (DOS: 4.1.2014) Flurbiprofen 25% / Diclofenac 10% 240gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Compounded agents, Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** As shared, this claimant was injured in 2014. The injured worker was diagnosed as having possible left C5 radiculopathy. It was documented that he was treated for a cumulative trauma from 8-91 to 7-29-2012 for his neck and left shoulder. Per the MTUS, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.

