

<b>Case Number:</b>	CM15-0062228		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	07/28/2008
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 64 year old male, who sustained an industrial injury on 7-28-2008. The injured worker is undergoing treatment for: cervical spine disc degeneration, rotator cuff tear, shoulder impingement syndrome, carpal tunnel syndrome. On 1-23-14, he reported right shoulder pain, and low back pain. Examination noted a positive straight leg raise. On 2-24-15, he reported right shoulder pain that was decreased and rated 5 out of 10 and increased range of motion; low back pain rated 7 out of 10 with increased radiation to the right lower extremity; and right wrist pain rated 5 out of 10. He indicated the right wrist pain to increase with cold weather. Objective findings revealed "positive right shoulder magnetic resonance imaging". The treatment and diagnostic testing to date has included: topical creams and home exercise program. Medications have included: topical creams. The records are unclear regarding how long he has been utilizing topical creams. There is no discussion regarding the efficacy of topical medication use. Current work status: off work. The request for authorization is for: tramadol 15 percent-dextromethorphan 10 percent-capsaicin 0.025 percent (compounded cream) with unspecified frequency, quantity and refills. The UR dated 3-13-2015: non-certified the request for tramadol 15 percent-dextromethorphan 10 percent-capsaicin 0.025 percent (compounded cream) with unspecified frequency, quantity and refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) tramadol 15%/dextro methorphan 10%/capsaicin 0.025% (compound cream), (unspecified frequency, quantity & refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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 recommended." MTUS also states that the only FDA approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Tramadol would not be indicated for topical use in this case. MTUS recommends topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." There is no indication that this IW has failed oral medication or is intolerant to other treatments. As such the request for tramadol 15%/dextro methorphan 10%/capsaicin 0.025% compound is not medically necessary.