

<b>Case Number:</b>	CM13-0046258		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/23/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 69-year-old male who reported an injury on 02/23/2003. The mechanism of injury was not provided. Other therapies were not provided. There was a Request for Authorization submitted for review dated 10/18/2013 for the requested medications. The documentation of 10/29/2013 revealed the date of examination was 10/17/2013. The mechanism of injury was cumulative trauma. The injured worker was noted to be prescribed naproxen sodium for inflammation and pain, cyclobenzaprine for palpable muscle spasms, ondansetron for nausea secondary to cyclobenzaprine and other agents, omeprazole for GI symptoms, tramadol hydrochloride for acute severe pain, and Menthoderm gel. There was no physical examination submitted for the requested intervention. The diagnosis was generalized pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request for Medrox Ointment (DOS: 10/18/13): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Topical Analgesic; Topical Capsaicin; Lidocaine; Gabapentin Page(s): 105, 111, 28, 112, 113.

**Decision rationale:** The California Medical Treatment Utilization Schedule indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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 are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally it indicates that topical salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." The clinical documentation submitted for review failed to provide documentation of exceptional factors. There was a lack of documentation indicating the injured worker had a trial of antidepressants and anticonvulsants that had failed. There was a lack of documentation of exceptional factors regarding the use of capsaicin integrated in a 0.025% formulation. The request as submitted failed to indicate the date for the retrospective request. There was a lack of documentation of the specific body part to be treated with the Medrox ointment. The request was submitted failed to indicate the frequency and quantity of Medrox being requested. Additionally, there was a lack of documentation indicating a necessity for 2 forms of capsaicin as this request was concurrently being reviewed with the retrospective usage for a second topical for capsaicin. Given the above, the request is not medically necessary.

**Retrospective Request for Compound Medication: CAPS/CAMP/MEN/LID/GA .05%2%1%2%10% (DOS: 10/18/13): 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 Salicylate; Topical Analgesic; Topical Capsaicin Page(s): 105, 111, 28.

**Decision rationale:** The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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 are intolerant to other treatments. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend

treatment with topical salicylates. Gabapentin is not recommended. There is no peer reviewed literature to support use. The clinical documentation submitted for review failed to provide documentation the injured worker had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation indicating a necessity for 2 capsaicin products. There was a lack of documentation indicating the injured worker had not responded to or was intolerant of other treatments. There was a lack of documentation of exceptional factors to warrant the use of lidocaine as the only form that is noted to be approved by the FDA is a Lidoderm patch. The request as submitted failed to indicate the quantity and body part to be treated. The date of request was not provided. Given the above, the request is not medically necessary.