

<b>Case Number:</b>	CM13-0042093		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 7/2/2012. Per orthopedic secondary treating physician's permanent and stationary report dated 8/14/2013, the injured worker continues to have complaints of right elbow pain rated 5/10. She did have a right ulnar nerve transfer on 12/14/2012. Her hand symptoms have improved. Overall, she feels worse than she did in her last visit. She has been going to physical therapy 2 times a week and she is not working. On examination her right hand grip is less than the left. The elbows show tenderness with keloid on the medial aspect of her right elbow 1+/0, deformities, which are the keloid 1+/0 and redness 1+/0 and there is a 5 cm scar on the medial aspect of her right elbow. The elbows show tenderness medially 2+/0, crepitus 0/0 and induration 1+/0. The wrists show tenderness 1+/0. The ulnar nerve is still sensitive at the elbow 1+/-negative. Diagnoses include 1) right ulnar neuropathy at the elbow, confirmed on neerver conduction study 2) anxiety 3) insomnia 4) status post right anterior transposition of the ulnar nerve on 12/14/2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE MEDICATION (TRAM/FLUR/GABA/CYCL) 08/20/2013:** 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 section, Opioids for Neuropathic Pain section and Opioids, specific drug list section, NSAIDs section, Antiepilepsy Drugs section, Cyclobenzaprine section Page(s): 16-19, 41, 42, 63, 64, 67-71, 82, 83, 93, 94, 111-113.

**Decision rationale:** The requesting physician does not provide a rationale for why these medications are necessary. The use of topical analgesics is recommended by the MTUS Guidelines in certain circumstances. In compounded topical analgesics, each active ingredient must be recommended for use, otherwise the entire compounded topical analgesic is not recommended. Tramadol is supported for the use in neuropathic pain and other pain syndromes. The use of Tramadol is recommended by the MTUS Guidelines. The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker was injured over a year ago with no recent acute injury. The use of NSAIDs is not medically necessary. Per the MTUS guidelines, gabapentin is recommended as first-line therapy for painful polyneuropathy. It is also recommended for postherpetic neuralgia, central pain, peripheral neuropathy, spinal cord injury, CRPS, fibromyalgia, and lumbar spinal stenosis. The injured worker has residual neurological symptoms and pain consistent with neuropathic pain. The use of gabapentin is determined to be medically necessary. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. The use of cyclobenzaprine is recommended by the MTUS Guidelines as an option, using a short course of therapy with the greatest effect in the first 4 days of treatment. The injured worker has pain from an injury that occurred over 1 year ago, and there is no indication in the history of an acute exacerbation that may benefit from the use of a muscle relaxant. The use of cyclobenzaprine is determined to not be medically necessary. Since all the components of this compounded medication are not recommended by the MTUS Guidelines, the entire compounded medication is not recommended. The request for retrospective medication (tram/flur/gaba/cycl) is determined to not be medically necessary.