

Case Number:	CM13-0050747		
Date Assigned:	12/27/2013	Date of Injury:	06/05/2012
Decision Date:	04/30/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine & Rehabilitation 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:

The patient is a 31-year-old female who was injured on June 05, 2012 while she was moving an attorney's file boxes and was doing a lot of twisting, lifting and carrying and then putting them on the floor. She felt a pulling sensation in her neck and upper back and began to have a sharp pain. The patient's diagnoses include cervical discopathy, status post right cubital tunnel release with right lateral epicondylar release and left lateral epicondylitis/cubital tunnel syndrome. Prior treatment history has included ice, NSAIDs, heat application and physical therapy. The patient underwent a cervical steroid epidural on May 03, 2013. An EMG/NCV dated May 02, 2013 showed no indicators of carpal tunnel syndrome or ulnar neuropathy in the bilateral upper extremities, or acute cervical radiculopathy. A progress note dated September 05, 2013 documented that the patient has continued symptomatology in the right arm. There is tenderness at the olecranon fossa and lateral epicondyle. There is positive Cozen's sign. There is a positive Tinel's sign at the elbows. There is pain with terminal flexion. A progress note dated October 15, 2013 documented that the patient has persistent pain of the right elbow. Examination of the right elbow reveals a well-healed lateral epicondyle release scar and cubital tunnel release scar. There is minimal keloid tenderness at the operative site. Examination of the left elbow remains unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUND KETOPROFEN/LIDOCAINE/CAPSAICIN/TRAMADOL, #60 (DOS: 10/11/2013): 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 Page(s): 111-113.

Decision rationale: The California MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Only FDA approved topical medications are recommended. According to the California MTUS guidelines, Lidocaine is recommended for neuropathic pain, recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The medical records do not document her medication has included any trials of a first-line therapy. The medical records do not establish that capsaicin is appropriate and medically necessary. The medical records do not indicate the patient is intolerant to first-line therapies, such as oral medications. Furthermore, Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Therefore, recommendation is for non-certification.

TOPICAL COMPOUND FLUR/CYCLO/CAPS/LID, #120 (DOS: 10/11/2013): 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 Page(s): 111-113.

Decision rationale: The California MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Only FDA approved topical medications are recommended. According to the California MTUS guidelines, Lidocaine is recommended for neuropathic pain, recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The medical records do not document that her medication regimen has included any trials of a first-line therapy. The guidelines also state that muscle relaxants, such as cyclobenzaprine, are not recommended in topical formulation. Furthermore, the medical records do not establish that capsaicin is appropriate and medically necessary, as it is unsubstantiated that the patient is intolerant to first-line therapies. Therefore, recommendation is for non-certification.