

Case Number:	CM13-0052669		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2009
Decision Date:	05/02/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 37-year-old female who reported an injury on 08/24/2009. The mechanism of injury was not provided. The examination on 09/18/2013 revealed the patient had right elbow pain of a 7/10. The patient had pain radiating into the right hand with associated weakness. It was indicated the patient was utilizing patches and topical creams for pain. The patient had decreased range of motion of the right elbow in flexion and extension. The patient had decreased grip strength when compared to the left. The patient had a positive Tinel's and elbow flexion test on the right. The diagnoses included elbow lateral epicondylitis and right cubital tunnel syndrome. The request was made for topical creams, Theramine, Medrox patches, and a right cubital tunnel release surgery, right medial epicondylar release surgery, and postoperative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 10% LIDOCAINE 5% KETAMINE 10% CYCLOBENZAPRINE 10% CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CYCLOBENZAPRINE, TOPICAL ANALGESICS, LIDOCAINE, KETAMINE,
GABAPENTIN Page(s): 41, 111-113.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety ... 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... do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product... The addition of cyclobenzaprine to other agents is not recommended... Regarding the use of Ketamine it is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. ... Gabapentin is not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product ... Lidocaine ... Lidoderm ... No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to indicate the patient had trialed and failed antidepressants and anticonvulsants. Additionally, as gabapentin and lidocaine are not recommended, the request would not be supported. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for GABAPENTIN 10% LIDOCAINE 5% KETAMINE 10% CYCLOBENZAPRINE 10% CREAM is not medically necessary.