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| Case Number: | CM13-0054990 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 06/13/2012 |
| Decision Date: | 05/27/2014 | UR Denial Date: | 11/07/2013 |
| Priority: | Standard | Application Received: | 11/20/2013 |

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 Family Practice 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 52 year old female injured after striking her elbow several times on or about 06/13/12. The patient continues to complain of pain to the elbow following conservative care to include physical therapy and bracing. Current diagnoses include lateral epicondylitis, partial tear of the extensor tendon in the right elbow, with no evidence of carpal tunnel syndrome clinically. The patient reports lateral elbow pain radiating up and down the arm, forearm and into the upper arm. There is no referable numbness in the hand. The patient does report some burning in the palm of the right hand. The documentation indicates the patient was treated with Etodolac which did help with the pain. The only medication listed on the 09/19/13 clinical note is the compounded cream including Flurbiprofen and Capsacin.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL CAPSAICIN 0.025%, FLURBIPROFEN 30%, METHYL SALICYLATE 4% IN TOPICAL 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 Physical Medicine Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains multiple components which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Topical Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 4% In Topical Cream cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

TRAMADOL 20% IN A TOPICAL 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 Physical Medicine Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Tramadol has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Tramadol 20% in a topical cream cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.