

Case Number:	CM13-0062100		
Date Assigned:	12/30/2013	Date of Injury:	04/24/2003
Decision Date:	04/03/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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 physician 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 58-year-old female who sustained an injury on 04/24/2003 of unspecified nature. The documentation submitted for review indicated the patient underwent right elbow autologous blood plasma rich protein injection, lateral epicondyle, common extensor origin, right elbow lateral epicondylitis, injection of extensor carpi radialis brevis insertion dorsum of right wrist, and right shoulder, glenohumeral and subacromial steroid injection on 09/29/2007. On 10/18/2008, the patient got an autologous blood injection to right lateral epicondyle common extensor origin for refractory lateral epicondylitis. On 06/08/2013, the patient underwent a right elbow cubital tunnel release with neurolysis of ulnar nerve, medial epicondylectomy, common flexor re-attachment and transposition of the ulnar nerve. The patient was evaluated on 12/17/2013 for subjective complaints of a flare-up. The documentation noted the patient complained of pain to the right wrist, left wrist, and bilateral shoulders. The physical examination findings noted right wrist decreased range of motion and palpable edema. Physical examination findings of the left wrist were decreased range of motion and tenderness at the wrist joint. The treatment plan was noted as continued medications and physical therapy 2 times 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10% Capsaicin 0.025% Menthol 2% and Camphor 1% for the right elbow:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Analgesics Section Page(s): 111-112.

Decision rationale: The request for Flurbiprofen 10%, Capsaicin 0.025%, Menthol 2% and Camphor 1% for the right elbow is non-certified. The California MTUS Guidelines state any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. The use of Flurbiprofen is not currently FDA-approved for a topical application. As such, it is not recommended by the guidelines. Therefore, the use as a compound is not recommended. Given the information submitted for review, the request for Flurbiprofen 10%, Capsaicin 0.025%, Menthol 2% and Camphor 1% for the right elbow is non-certified.

Ketoprofen 10% Cyclobenzaprine 3% Lidocaine 5% for the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-112.

Decision rationale: The request for Ketoprofen 10%, Cyclobenzaprine 3%, and Lidocaine 5% for the right elbow is non-certified. The physical examination dated 12/17/2013 did not indicate the patient had pain to the right elbow. The use of Ketoprofen is not FDA-approved. The California MTUS Guidelines state any compound or product that contains at least 1 drug or drug class that is not recommended, is not recommended. As the use of Ketoprofen is not FDA-approved, it is not recommended. The guidelines further do not recommend the use of Cyclobenzaprine as a topical analgesic. The California MTUS Guidelines recommend the use of Lidocaine for neuropathic pain after there has been evidence of trial of a first-line therapy. Documentation submitted for review did not indicate the type of pain the patient was suffering from. Furthermore, there was no indicated pain to the right elbow. As none of the medications requested are recommended by the guidelines, use of the compound is not supported. Given the information submitted for review, the request for Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5% for the right elbow is non-certified.