

<b>Case Number:</b>	CM13-0071008		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Medicine, and is licensed to practice in Arizona. 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 45-year-old female with a date of injury on 4/13/2012. The patient has been treated for ongoing symptoms related to her right elbow and wrist. The diagnosis is bilateral epicondylitis. The patient is status post percutaneous tenotomy of the left and right common extensor tendon in September and October of 2013. Subjective complaints include slightly worse pain in bilateral elbows along the lateral side, made worse with activity. She denies any weakness, numbness, or tingling. Physical exam shows tenderness along lateral epicondyles, with a positive Cozen's test, and full range of motion, strength, and stability at both elbows.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound cream, two (2) refills composed of Baclofen 2%, Cyclobenzaprine 2%, Ketoprofen 15%, and Lidocaine 5%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product

combines baclofen, cyclobenzaprine, ketoprofen, and lidocaine. Guidelines do not recommend topical baclofen or cyclobenzaprine as no peer-reviewed literature supports their use. CA MTUS guideline indicates that topical non-steroidal anti-inflammatory drugs (NSAIDs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. ACOEM elbow chapter does consider possible efficacy for topical diclofenac. The NSAID in this compound is ketoprofen, which is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Lidocaine is only recommended as a dermal patch. No other commercially approved topical formulations of lidocaine are indicated. For these reasons, this compounded medication does not meet current use guidelines, and is therefore not medically necessary.