

<b>Case Number:</b>	CM14-0003505		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	01/23/2009
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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, 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 an employee of [REDACTED] who has submitted a claim for chronic left elbow pain associated with an industrial injury dated of 1/23/2009. Treatment to date has included, ORIF of left radial head, coronoid and humeral medial condyle done on 1/2009, left elbow removal of hardware done on 12/2012 and physical therapy sessions. Medications taken include, Celebrex 200mg/capsule, Hydrocodone 10mg/Acetaminophen 325mg/tab, Ibuprofen 600mg/tab, Percocet 10mg/325mg tab, Zolpidem 10mg/tab and Dermatran topical cream. Medical records from 2012-2013 were reviewed which revealed consistent elbow pain described as burning and stabbing with an average pain scale of 6/10 with worst pain of 8/10. Aggravating factors noted were carrying and lifting objects. Assistance was needed in cooking, housekeeping, shopping and driving. Physical examination showed muscle tenderness over flexor carpi radialis and joint tenderness in the elbow joint of left upper extremity. Range of motion of elbow has no limitations except for flexion, which is limited to 120 degrees in LUE. Extension which is limited to -10 degrees, supination which is limited to 40 degrees and pronation which is limited to 60 degrees. Range of motion of wrist has no limitation except for flexion, which is limited to 20 degrees in LUE, and extension, which is limited to 40 degrees. Muscle atrophy was noted in the flexor carpi radialis of LUE. Range of motion of shoulder and hand was normal. Motor strength of shoulders, elbows, wrists, and hands was normal. Utilization review from 12/12/2013 denied the requests for Dermatran Compound Cream and TENS unit. Dermatran cream was denied because guideline criteria have not been met. Topical medications have not been proven to be safe and effective. As for TENS unit, it was denied because there was no evidence that this device is an effective treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DERMATRAN COMPOUND CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESIC.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS  
Page(s): 38, 111-113, 122.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Dermatran Compound Cream is composed of 8% Ketamine, Lidocaine, Bupivacaine, Amantadine and Gabapentin. Topical Ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia. The exact mechanism of action remains undetermined. Regarding Gabapentin, CA MTUS does not support the use of Gabapentin as a topical formulation. CA MTUS only supports Lidocaine topical as a transdermal formulation. Regarding Amantadine, CA MTUS Chronic Pain Medical Treatment Guidelines page 38 states that it is a NMDA receptor antagonist aimed at central sensitization. Regarding Bupivacaine, it is used for trigger point injections and CRPS I as stated on CA MTUS Chronic Pain Medical Treatment Guidelines, page 122. In this case, the patient is on multiple oral analgesics; however, there was no evidence of intolerance, which may necessitate a topical formulation. Furthermore, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Therefore, the request for Dermatran Compound Cream is not medically necessary.

**TENS UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRANSCUTANEOUS Electrotherapy, Page 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 114-116.

**Decision rationale:** As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this case, patient already completed 8 visits to physical therapy from 01/24/2013 to 02/14/2013. Medical records submitted and reviewed did not provide any evidence that patient is still continuing her home exercise program, which is a requisite adjunct for TENS. Moreover, as stated on page 116, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. There was no documentation submitted regarding specific goals that should

be achieved with the use of TENS. The guideline criteria have not been met. In addition, the request did not specify the duration of time for TENS unit and if it is for rental or purchase. Therefore, the request for TENS (Transcutaneous Electrical Nerve Stimulator) unit is not medically necessary.