

<b>Case Number:</b>	CM14-0113796		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Physical Medicine and Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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 51 year old female with an injury date of 03/18/14. Per the 05/22/14 first report by [REDACTED], the patient presents with left elbow pain. Examination reveals objective tenderness of the left lateral elbow over the epicondyle and proximal extensor muscles. The patient's diagnosis is Left lateral epicondylitis. The utilization review being challenged is dated 07/14/14. One treatment report was provided dated 05/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine, Ketoprofen, Lidocaine Cream - Unspecified dosage and quantity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical creams (, chronic pain section) Page(s): p111.

**Decision rationale:** The patient presents with left elbow pain. The treater requests for 1 Cyclobenzaprine, Ketoprofen, Lidocaine cream. MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not

recommended is not recommended." In this case, cyclobenzaprine is not supported for topical formulation. Therefore, recommendation is for denial.