

<b>Case Number:</b>	CM14-0124380		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 is licensed to practice in California and Washington. 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 injured worker is a 53-year-old female who reported injury on 07/15/2011. She sustained cumulative trauma type injury as a result of which she developed pain in her elbows and wrist/hands. During the course of her employment, she noted gradual onset of pain in elbows, wrist, and hands due to the repetitive nature of her duties and physical strain. She is under a lot of stress, which caused her to develop psychological issues. Job duties included grasping, strong gripping, reaching, lifting, pushing, and pulling above the chest level. The injured worker's treatment history included x-rays, surgery, physical therapy, and medications. The injured worker was evaluated on 06/19/2014, and it was documented the injured worker complained of bilateral elbow pain, constant, mild to moderate pain rated at 3/10. Bilateral wrist and hand pain. Status post right wrist carpal tunnel release surgery and right thumb trigger release surgery, with residual pain, constant moderate to severe with pain rated at 3/10. She also has stress with anxiety, insomnia and depression. The injured worker stated the symptoms persist but the medication do offer her temporary relief of pain and improve her ability to have a restful sleep. She denied any problems with medications. The pain was also alleviated by activity restrictions. Physical examination of the bilateral elbows revealed tender at lateral epicondyle. Cozen's sign, and Tinel's elbow test was positive and full range of motion. Bilateral wrist/hand examination revealed tenderness at the carpal tunnel left wrist, tenderness with mild clicking, A1 pulley left thumb, mild tenderness at surgical incision at the right wrist. There was mild hypertrophy at right wrist. No clicking of right thumb with full range of motion. Tinel's wrist left/right was positive. Phalen's test left/right was positive. There was decreased sensation along the course of the ulnar nerve distribution in the bilateral upper extremities along the course of the median nerve distribution in the left upper extremity. Diagnoses included cubital tunnel syndrome, bilateral elbows, lateral epicondylitis, right elbow, other synovitis and tenosynovitis, right elbow,

olecranon bursitis, left elbow, scapholunate ligament tear syndrome, right wrist, post traumatic osteoarthritis, left wrist, rule out bilateral wrist carpal tunnel syndrome, status post right wrist carpal tunnel release, status post right thumb trigger finger release, ganglion, left hand, trigger finger, left thumb, other specified mood disorders, anxiety disorder, unspecified, other reactions to severe stress, nonorganic sleep order, unspecified. Provider noted using the medications has been explained to the injured worker. The injured worker was advised to stop medications if she had any problems with them. The injured worker was to continue with the course of physical therapy and acupuncture treatment for the right and left elbow, as well for the right left wrist and frequency of 3 times per week for a period of 6 weeks. Terocin patches for pain relief were requested by the injured worker. The Request for Authorization dated 06/19/2014 was for capsaicin 25%, flurbiprofen 20%, tramadol 15%, menthol 2%, and camphor 2%, and cyclobenzaprine 2%, tramadol 10%, flurbiprofen 20%, the rationale was for the injured worker's pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Capsaicin 0,25%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% - 210gm:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Muscle Relaxants.

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

**Decision rationale:** California (MTUS) Chronic Pain Medical Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Non-steroidal ant inflammatory agents (NSAIDs) efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. . Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain).The guidelines do not recommend cyclobenzaprine as a topical medication. The documents submitted lacked evidence of outcome measurements of conservative care such as, physical therapy, pain medication management and home exercise regimen. In addition, the request lacked duration, frequency and location where topical is supposed to be applied on injured worker. Given the above, the request is not supported by the guidelines noting the safety

or efficacy of this medication. The request for Cyclobenzaprine 2 %, Tramadol 10 %, Flurbiprofen 20 % 210 gm is not medically necessary.

**Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 210gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Muscle Relaxants.

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