

Case Number:	CM14-0164793		
Date Assigned:	10/09/2014	Date of Injury:	02/27/2013
Decision Date:	11/10/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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, 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 47 years old female with an injury date on 02/27/2013. Based on the 09/11/2014 progress report provided by [REDACTED], the diagnoses are: 1. Chronic right elbow pain 2. Lateral epicondylitis, A/P surg release 2x3. Compresatory overuse Lt arm 4. Morbid obesity, non industrial 5. HTN, non-industrial According to this report, the patient complains of constant moderate severe burning and stabbing pain at the right lateral epicondyle area that radiates to the forearm with activities. Pain is aggravated by prolonged, repetitive grabbing, pinching, carry the laser gun for price check at work and unloading merchandise. Physical exam reveals diminished pin-prick on the ulnar side of the right wrist/hand. The patient's current pain is at a 5/10 that fluctuates between 3-10/10. The patient had 2 surgeries to the right lateral epicondyle in the past. There were no other significant findings noted on this report. The utilization review denied the request on 09/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/24/2014 to 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti- epilepsy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) MTUS Page(s): pg 49.

Decision rationale: According to the 09/11/2014 report by [REDACTED] this patient presents with constant moderate severe burning, stabbing pain on the lateral epicondyle area. The physician is requesting "Gabapentin 800mg #1 titrate up to tid #90." Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of reports show no mentions of gabapentin and it is unknown exactly when the patient initially started taking this medication. The medical records indicate that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the physician does not mention that this medication is working. There is no discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. The request is not medically necessary.

Topical compound analgesics cream of Cyclobenzaprine 10%, Gabapentin 10%4mg:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS topical creams (chronic pain section) Page(s): p111, 112.

Decision rationale: According to the 09/11/2014 report by [REDACTED] this patient presents with constant moderate severe burning, stabbing pain on the right lateral epicondyle area. The physician is requesting Cyclobenzaprine 10% Gabapentin 10% 4mg cream. Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. In this case, Cyclobenzaprine and Gabapentin not recommended for topical formulation. The request is not medically necessary.

Flurbiprofen 20% 4gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS topical creams(chronic pain section): Page(s): p111,112.

Decision rationale: According to the 09/11/2014 report by [REDACTED] this patient presents with constant moderate severe burning, stabbing pain on the lateral epicondyle area. The physician is requesting Flurbiprofen 20% 4mg regarding topical NSAIDS, MTUS guidelines recommends for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." In this case, the patient does not meet the indication for the topical medication as she does not present with any osteoarthritis or tendonitis symptoms. In

addition, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The request is not medically necessary.

Topical compound analgesics cream Flurbiprofen 20% 4gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS topical creams(chronic pain section): Page(s): p111,112.

Decision rationale: According to the 09/11/2014 report by [REDACTED] this patient presents with constant moderate severe burning, stabbing pain on the right lateral epicondyle area. The physician is requesting Topical compound analgesics cream Flurbiprofen 20% 4mg regarding topical NSAIDS, MTUS guidelines recommends for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." In this case, the patient does not meet the indication for the topical medication as she does not present with any osteoarthritis or tendonitis symptoms. In addition, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The request is not medically necessary.