

Case Number:	CM14-0020504		
Date Assigned:	04/30/2014	Date of Injury:	10/03/2011
Decision Date:	08/11/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/19/2014

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 37 year-old female with a 10/3/11 date of injury. The patient is status post right elbow cubital tunnel decompression on 11/14/13. She was seen on 1/30/14 with complaints of right elbow pain and soreness. Exam findings revealed mild decrease in elbow flexion, supination and pronation, as well as mild swelling and tenderness over the surgical site and lateral epicondyle. The diagnosis is right cubital tunnel syndrome, right elbow tendonitis. Treatment to date: medications, surgery, physical therapy x 15. An adverse determination was received on 2/6/14 given MTUS guidelines do not support the use of compound creams containing topical lidocaine and NSAIDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xolido Pain Relief Cream, NDC: 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 MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025%

formulation, baclofen, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This patient is status post a right cubital tunnel release in November 2013 and is currently in physical therapy and on opiate management. The creams are noted to be helping. However, Xolido is a topical lidocaine cream which is not approved per MTUS guidelines. Therefore, the request for Xolido cream is not medically necessary.

Enovarx-Ibuprofen Cream NDC: 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 MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This patient is status post a right cubital tunnel release in November 2013 and is currently in physical therapy and on opiate management. The creams are noted to be helping. Enovarx consists of a topical ibuprofen cream and can come in formulations with lidocaine. These compounds are not supported per MTUS guidelines. Therefore, the request for enovarx-ibuprofen cream is not medically necessary.