

<b>Case Number:</b>	CM14-0024340		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Pain Management, 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:

This is a 35-year-old patient diagnosed with bilateral elbow epicondylitis, bilateral wrist ganglion cyst with tendinitis/carpal tunnel syndrome, and sleep disturbance. A request for amitriptyline/tramadol/dextromethorphan 4/20/10% cream with dates of service on March 16 and July 27, 2012, and Flurbiprofen/Diclofenac 25/10% cream with dates of service on March 16 and July 27, 2012, was non-certified at utilization review on February 6, 2014, noting that topical analgesics are recommended as an option in certain circumstances and are largely experimental and use, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It was noted the patient still complains of ongoing right elbow pain and there is no documented failure of trials of first-line recommendations of oral antidepressants or anticonvulsants, or any indication that oral medications are insufficient to manage symptoms. Progress note dated March 16, 2012 noted patient to have subjective complaints of symptomatology on the left and noted therapy was done only on the right arm. He is working and does a lot of data entry. Objective findings on examination noted some tenderness to the lateral epicondyle area and pain with range of motion to the bilateral wrists, as well as mildly positive Tinel sign. Compounded topical medications were administered in office. The patient was referred for four visits of physical therapy to the left upper extremity. On serial July 27, 2012, the patient continued to complain of ongoing right elbow pain. It was noted his work aggravates his symptomatology. Objective findings demonstrated severe tenderness to the right elbow lateral epicondylar area, mild effusion, and weakness. Compounded topical medications were again administered in office, and the patient was prescribed omeprazole and naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMITRIPTYLINE/TRAMADOL/DEXTROMETHORPHON 4/20/10% CREAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines note that topical application of medications is largely experimental. Topical agents are primarily recommended for the treatment of neuropathic pain when trials of antidepressants or anticonvulsants have failed. Documentation does not describe well-demarcated neuropathic pain that has failed the gamut of readily available oral agents in the antidepressant, antiepileptic, or nonsteroidal anti-inflammatory class to support the medical necessity of topical agents. Furthermore, the requested formulation contains agents that have no proven efficacy in topical application (amitriptyline, Tramadol, and dextromethorphan). There is no peer reviewed literature to support the use of antidepressants, Tramadol, or dextromethorphan in topical application. The treating physician does not provide a rationale indicating why the patient requires topical medications versus traditional first-line oral agents. The request for Amitriptyline/Tramadol/Dextromethorphan 4/20/10% is not medically necessary or appropriate.

**FLURBIPROFEN/DICLOFENAC 25/10% CREAM:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines note that topical application of medications is largely experimental. Topical agents are primarily recommended for the treatment of neuropathic pain when trials of antidepressants or anticonvulsants have failed. Guidelines also note that NSAIDs (non-steroidal anti-inflammatory drugs) are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (four to twelve weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The treating provider does not provide a rationale as to why the patient requires topical NSAIDs versus traditional oral agents, and it is noted the patient was also prescribed oral NSAIDs at the time of this prescription. There is further a lack of documentation regarding pain relief or functional benefit as a result of the use of topical NSAIDs. The request for Flurbiprofen/Diclofenac 25/10% cream is not medically necessary or appropriate.

