

<b>Case Number:</b>	CM14-0031170		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	01/06/2009
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 & 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-year-old female with a date of injury of 01/06/2009. According to report dated 10/05/2013 by [REDACTED], the patient presents with continued bilateral elbow pain right greater than left which is sharp and constant. The patient reports numbness and tingling and weakness. Pain is rated as 8/10 and described as sharp and constant. Examination revealed tenderness to palpation at the C5 to C7 level, positive myospasm and positive Soto-Hall. Bilateral elbows were positive at Cozen's test. There was tenderness to palpation at the epicondyle. There is a decreased range of motion with flexion and positive myospasm. Bilateral wrist had positive reverse Phalen's and tenderness to palpation at the dorsal wrist. The treating physician's progress reports are handwritten and partially illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CAPSAICIN 0.025% , FLURIPROFEN 30%, MENTHYL SALICYLATE 4%, 240GM:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

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

**Decision rationale:** The MTUS Guidelines indicate that topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states that any compounded product that contains at least one (or drug class) that is not recommended is not recommended. For Flurbiprofen, MTUS states, the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are 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 he does not present with any osteoarthritis or tendonitis symptoms. Recommendation is for denial.

**MEDROX PATCH #30:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines does discuss topical agents on page 111 which states it is largely experimental in which few randomized control trials to determine efficacy or safety, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In addition, Medrox is a compound topical analgesic including methyl salicylate 20%, menthol 7% and capsaicin 0.050%. The MTUS allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS considers doses that are higher than 0.025% to be experimental particularly in high dosages of capsaicin. Medrox contains 0.050% of capsaicin which is not supported by MTUS Guidelines. Furthermore, salicylate, or NSAID topical is only indicated for peripheral joint arthritis/tendinitis, which this patient does not have. Therefore, the entire compound is not recommended.

**FLURIPROFEN 20%. TRAMADOL 20%; 240GM:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines state that 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. In this case, Tramadol is not tested for transdermal use with any efficacy. The recommended compound topical cream is not medically necessary and recommendation is for denial.

