

<b>Case Number:</b>	CM14-0046639		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/01/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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. 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 32-year-old female who reported an injury on 07/01/2012 due to cumulative trauma. On 12/11/2013, the injured worker presented with complaints related to the right elbow. There was noted tenderness at the origin of the extensor tendon. Upon examination of the right elbow, pain is augmented with wrist extension, and resisted rotation of the right forearm shows medial and lateral epicondyle pain. The diagnoses were injury to ulnar nerve and cervical sprain/strain. Prior therapy included acupuncture sessions, physical therapy, an EMG/NCV, the use of a foam roller, cubital tunnel splints, and rheumatoid panel. Current medication list was not provided. The provider recommended Biocurcumin and Topricin, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biocurcumin 400mg 1 cap with food/ drink everyday:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov> Title Safety and Anti-inflammatory activity of curcumin: a component of tumeric (Curcuma Longa).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Curcumin (Tumeric).

**Decision rationale:** The request for Biocurcumin 400 mg 1 cap with food/drink everyday is non-certified. The Official Disability Guidelines recommend curcumin as an option. Several clinical trials have demonstrated curcumin's antioxidant, anti-inflammatory, and antineoplastic effects. It may be considered a viable natural alternative to nonsteroidal agents for the treatment of inflammation. Curcumin could be helpful in treating painful inflammatory conditions, such as tendinitis and arthritis, according to a recent study which shows that curcumin prevents interleukins from promoting inflammation. A complete and adequate pain assessment of the injured worker was not provided. Additionally, the provider's request for Biocurcumin did not indicate the medication in the request as submitted. As such, the request is non-certified.

**Topricin 4 oz., apply 3 inches on or around affected area, apply 3-4 x/day or more as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Homeopathic topicals, last updated 3/27/14.

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

**Decision rationale:** The request for Topricin 4 oz., apply 3 inches on or around affected area, apply 3-4 x/day or more as needed is non-certified. Topricin cream consists of arnica Montana, Echinacea, aesculus, ruta graveolens, lachesis, heloderma, naja, and graphites. The California MTUS Guidelines state transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. There is lack of documentation that the injured worker had a failed trial of an antidepressant or anticonvulsant. Additionally, the provider's request does not indicate the quantity of the Topricin cream in the request as submitted. As such, the request is non-certified.