

<b>Case Number:</b>	CM14-0050831		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Preventive Medicine 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:

According to the records made available for review, this is a 35-year-old male with a 7/23/07 date of injury. At the time (2/27/14) of request for authorization for Compound: amitriptyline tramadol pencream with dispensing fee dos 5-6-11 and Compound: diclofenac pencream with dispensing fee dos 5-6-11, there is documentation of subjective (doing well with regard to bilateral elbows after the physical therapy, but pain returning as therapy has been discontinued) and objective (not specified) findings, current diagnoses (bilateral elbow epicondylitis and bilateral wrist ganglion cysts with tendinitis/carpal tunnel syndrome), and treatment to date (physical therapy). Regarding Compound: diclofenac pencream with dispensing fee dos 5-6-11, there is no documentation of osteoarthritis pain, the intention to treat over a short course, and failure of an oral NSAID or contraindications to oral NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND: AMITRIPTYLINE TRAMADOL PNCREAM WITH DISPENSING FEE DOS 5-6-11:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor); that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Compound: amitriptyline tramadol pencream with dispensing fee dos 5-6-11 is not medically necessary.

**COMPOUND: DICLOFENAC PENCEAM WITH DISPENSING FE DOS 5-6-11:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of bilateral elbow epicondylitis and bilateral wrist ganglion cysts with tendinitis/carpal tunnel syndrome. However, despite documentation of subjective (elbow pain) findings, there is no documentation of osteoarthritis pain. In addition, there is no documentation of the intention to treat over a short course (4-12 weeks). Furthermore, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Compound: diclofenac pencream with dispensing fee dos 5-6-1 is not medically necessary.