

<b>Case Number:</b>	CM14-0055050		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/16/2009
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Orthopedic Surgery 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 records, presented for review, indicate that this 48 year old male was reportedly injured on November 16, 2009. The mechanism of injury is undisclosed. The most recent progress note, dated 2012, indicated that there were ongoing complaints of elbow pain. The physical examination was not available for review. Diagnostic imaging studies were not reviewed this visit. Previous treatment included shockwave therapy. A request was made for multiple topical preparations and was not certified in the preauthorization process on April 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 4% Tramadol 20% Pencream and dispensing fee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental and any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally, topical

analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.

**Capsaicin 0.0375% Menthol 2%/Camphor 2% Tramadol 15% Pencream and dispensing fee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 112 of 127.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) notes that the use of topical medications is largely experimental and there have been few randomized controlled trials. Based on the clinical documentation provided, the claimant has not attempted a trial of either of these classes of medications. MTUS guidelines note that when a single component of the compounded medication is not indicated, the entire medication is not indicated. As such, this request is considered not medically necessary.

**Diclofenac 30% Pencream and dispensing fee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111,112 of 127.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) guidelines support the topical diclofenac for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Outside of the treatment of osteoarthritis, there is no other clinical indication for the use of this topical non-steroidal anti-inflammatory. There is no indication for this medication and the request is not considered medically necessary.

**Amitriptyline 4% Tramadol 20% Pencream and dispensing fee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 113 OF 127.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental and any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally, the guidelines state there is no evidence to support the use of topical anti-epilepsy drug (AED) and recommend

against the addition of Gabapentin to other agents. Therefore, this request is not considered medically necessary.

**Capsaicin 0.0375% Menthol 2% Camphor 2% Tramadol 15% Pencream and dispensing fee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 113 of 127.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental, and that any compound product, that contains at least one drug (or drug class) that is not recommended, is not recommended. Additionally, the guidelines state there is no evidence to support the use of topical anti-epilepsy drug (AED) and recommend against the addition of gabapentin to other agents. Therefore, this request is not considered medically necessary.

**Diclofenac 30% Pencream and dispensing fee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111, 112 of 127.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) guidelines support the topical Diclofenac for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Outside of the treatment of osteoarthritis, there is no other clinical indication for the use of this topical non-steroidal anti-inflammatory. There is no indication for this medication, and the request is not considered medically necessary.