

<b>Case Number:</b>	CM14-0073184		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/18/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Occupational 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:

Patient is a 39 year-old female with date of injury 06/18/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/15/2014, lists subjective complaints as pain in the right elbow and wrist. Objective findings: Right elbow: tenderness to palpation extensor origin of the lateral epicondyle and increased pain with resisted long finger extension. Wrist range of motion was mildly restricted. Light stroke testing was decreased in thumb, index, and long fingers. Diagnosis: 1. Joint pain, hand 2. Lateral Epicondylitis 3. Carpal tunnel syndrome. Patient is status post right carpal tunnel endoscopic, right lateral Epicondylitis debridement and repair performed on 11/13/2013. An unspecified topical anti-inflammatory cream was requested as the patient is reportedly unable to tolerate oral NSAID's. The medical records supplied for review document that the patient had not been prescribed the following medication before the request for authorization on 04/15/2014. Medications: 1. Topical anti-inflammatory cream (no quantity or duration noted).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical anti-inflammatory cream x1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. With no indication which medication, or medications, are contained within the topical analgesic, the compound cannot be recommended. Topical anti-inflammatory cream is not medically necessary.