

<b>Case Number:</b>	CM14-0002537		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/13/2012
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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:

This is a 43 year old male injured worker with date of injury 6/13/12 with related elbow pain. Per progress report dated 11/21/13, the injured worker was status post recent right lateral epicondyle surgery and had reported significant improvement in his elbow compared with prior to surgery. Per physical exam, there was a well healed surgical scar about the lateral epicondyle area. A right-sided carpal tunnel pressure test was positive. A Tinel test was negative. Treatment to date has included physical therapy, elbow brace, and medication management. The date of UR decision was 12/6/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Analgesic Cream (Unspecified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Topical Analgesics Page(s): 60,111-113.

**Decision rationale:** Regarding the use of multiple medications, MTUS page 60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual

medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. The documentation submitted for review does not contain information regarding the ingredients of the compounded analgesic cream. Without this information, the request is deemed not medical necessity.