

Case Number:	CM14-0155350		
Date Assigned:	09/25/2014	Date of Injury:	05/17/2013
Decision Date:	09/18/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 45-year-old female who sustained an industrial injury on 05-17-2013. Diagnoses include radial styloid tenosynovitis of the right wrist; rotator cuff sprain-strain of the right shoulder; and medial and lateral epicondylitis of the right elbow. Treatment to date has included medications, acupuncture, surgery, and physical therapy and right wrist cortisone injection. According to the Initial Evaluation and Report dated 4/2/2014, the IW (injured worker) reported constant, severe, sharp pain in the right wrist and hand with numbness, tingling and swelling in the wrist, aggravated by gripping and grasping. She also complained of occasional moderate right shoulder pressure aggravated by right hand use. She reported frequent moderate pressure pain in the right elbow with numbness, aggravated by right hand use. On examination, the right shoulder was tender to palpation with -3 spasms in the right rotator cuff muscles and right upper shoulder muscles. Range of motion (ROM) was reduced in all planes except adduction and the motion was painful in flexion and internal and external rotation. Supraspinatus test was positive on the right. The right elbow was tender over the medial and lateral epicondyles with -3 spasms, ROM was decreased and Cozen's and Reverse Cozen's tests were positive. There was tenderness on palpation of the right anterior and lateral wrist, as well as the posterior extensor tendons, with +4 spasms. ROM of the right wrist was decreased and painful in all planes. Tinel's sign (carpal) was positive on the right and Bracelet test and Finkelstein's test was positive on the right. Electrodiagnostic testing of the right upper extremity on 7-1-2014 was normal; MRI of the right wrist on that date was unremarkable. A request was made for Flurbiprofen 15%,

Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, 180gm, with 2 refills and Lidocaine 6%, Gabapentin 10%, Tramadol 10%, 180gm with 2 refills, apply thin layer, bid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, 180gm with 2 refills:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.

Lidocaine 6%, Gabapentin 10%, Tramadol 10%, 180gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical Analgesics.

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adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (tramadol), which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.