

<b>Case Number:</b>	CM14-0171978		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	08/18/2009
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of August 18, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of manipulative therapy; unspecified amounts of physical therapy; earlier elbow epicondylar release surgery; earlier carpal tunnel release surgery; corticosteroid injection therapy; unspecified amounts of acupuncture; and topical compounds. In a Utilization Review Report dated September 26, 2014, the claims administrator failed to approve request for various topical compounds and likewise denied an orthopedic consultation. Non-MTUS ODG Guidelines were employed to deny the orthopedic consultation. The claims administrator cited a September 16, 2014, RFA form in its denial. The applicant's attorney subsequently appealed. In a handwritten note dated November 13, 2014, the applicant was placed off of work, on total temporary disability. The applicant reportedly had ongoing issues with wrist pain, elbow pain, and shoulder pain. The applicant is status post shoulder surgery. The applicant had derivative complaints of insomnia. The applicant also had unspecified liver issues, it was stated. The applicant was not using any medications, it was suggested. In an orthopedic consultation of October 3, 2014, the applicant reported ongoing complaints of hand and shoulder pain status post earlier carpal tunnel release surgery in 2013. The applicant stated that she did not believe that carpal tunnel surgery had proven successful. Ongoing complaints of wrist pain, elbow pain, neck pain, shoulder pain, and upper extremity paresthesia were evident. The applicant exhibited positive Tinel and Phalen's signs. The applicant was given diagnoses of right shoulder tendonitis and reported bilateral carpal tunnel syndrome. The attending provider stated that the applicant should undergo repeat electrodiagnostic testing to establish electrodiagnostic residuals of carpal tunnel syndrome following earlier carpal tunnel release surgery. In a handwritten note dated August 11, 2014, the

applicant was, once again, placed off of work, on total temporary disability, while several topical compounded creams were endorsed for ongoing complaints of wrist, elbow and shoulder pain. MRI imaging of the elbow, MR arthrography of the elbow, and electrodiagnostic testing of the bilateral upper extremities were endorsed while the applicant was placed off of work, on total temporary disability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Orthopedic consultation:** Overturned

**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 Part 1: Introduction section Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant had ongoing complaints of wrist, elbow, and shoulder performing earlier failed carpal tunnel release surgery; failed shoulder surgery, etc. Obtaining the added expertise of an orthopedic upper extremity surgeon to determine the applicant's candidacy for further interventional procedures and/or surgical intervention involving the affected upper extremity was indicated, given the failure of various operative and non-operative treatments over the course of the claim. Therefore, the request is medically necessary.

**Compound medication (Gabapentin 2%, Amitriptyline 20%, and Dextromethorphan 10%):** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Compound medication (Cyclobenzaprine 2% and Flurbiprofen 25%):** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound were not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Compound medication (Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Methol 2%, and Camphor 2%):** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the tertiary ingredient in the compound at issue, is not recommended for optical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider did not, furthermore, clearly outline why the applicant could not employ first line oral pharmaceuticals here. Therefore, the request is not medically necessary.

**Retrospective: Compound medication (Cyclobenzaprine 2%, Gabapentin 10%, Flurbiprofen 15%, and versa pro base 73/%) and dispensing fee provided on date of service 7/22/14:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither gabapentin nor cyclobenzaprine, a muscle relaxant, are recommended for topical compound formulation purposes. Since one more ingredients in the compound were not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. As with the other topical compounded medications, the attending provider did not clearly outline in any of the handwritten progress notes, referenced

above, why first line oral pharmaceuticals could not be employed here. Therefore, the request is not medically necessary.

**Retrospective: Compounded medication (Lidocaine 5%, Gabapentin 10%, Tramadol 15%, and versa pro base 70%) and dispensing fee provided on date of service 7/22/14: 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the secondary ingredient in the compound, is not recommended for the topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. As with the other compounds, the attending provider did not clearly outline why first line oral pharmaceuticals could not be employed here. Therefore, the request is not medically necessary.