

Case Number:	CM14-0200533		
Date Assigned:	12/10/2014	Date of Injury:	06/03/2008
Decision Date:	01/28/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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 Pain Management and is licensed to practice in Georgia. 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 patient is a 68-year-old male presenting with a work-related injury on June 3, 2008. The patient complained of left elbow injury. The injury was described as ongoing tingling and numbness along the left arm for the past six years. The patient has tried activity modification, anti-inflammatory medication, and keeping the elbow extended at nighttime with towels wrapped around the elbow. The physical exam on August 2014 was significant for five - 140 flexion - extension are and symmetrical supination and pronation of the forearm bilaterally, positive Tinel along the cubital tunnel, positive cubital tunnel hyperflexion test, and positive cubital tunnel compression test. Electrodiagnostic study on November 1, 2012 revealed evidence of left ulnar neuropathy across the left elbow with mild motor involvement, ulnar sensory involvement across the elbows with unable to be evaluated secondary to technical limitations. The patient was diagnosed with left cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medications #240 (20 day supply): Ketoprofen, Gabapentin, Lidocaine, Steril Water, Ethocly Ethnl liq, Dimethyl sol, and versatile cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Compound medications #240 (20 day supply): Ketoprofen, Gabapentin, Lidocaine, sterile water, Ethocy ethnl liq, dimethyl sol, and versatile cream base is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Per CA MTUS page 111 states that topical analgesics such as Flurbiprofen, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary." The request was not specific as to what area the compound cream will be used. Additionally, there is little evidence to utilize topical NSAIDs and Lidocaine for treatment of pain associated with the spine, hip or shoulder; therefore the compounded topical cream is not medically necessary.