

<b>Case Number:</b>	CM14-0208209		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	11/21/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 59 year old female with an injury date of 11/21/13. Based on the 11/10/14 progress report provided by treating physician, the patient complains of pain in the left elbow and wrist rated 2-3/10, associated weakness, cramping, and spasms. Patient states that pain is exacerbated by activity. Patient has no surgical history directed at this complaint. Physical examination 11/10/14 revealed tenderness to palpation to the anterior and lateral left elbow. Wrist examination revealed tenderness to the lateral, medial, and volar aspects of the left wrist - positive Phalen's and Finkelsten's signs noted. The patient's current medication regimen is not discussed in the most recent progress notes provided. Per progress note 11/10/14, patient is advised to remain off work until 12/25/14. Diagnostic imaging was not included. Diagnosis 11/10/14- Left elbow pain- Left elbow sprain/strain- Left lateral epicondylitis- Left carpal tunnel syndrome- Left de Quervain's disease- Left wrist pain- Left wrist sprain/strain. The utilization review determination being challenged is dated 11/25/14. Treatment reports were provided from 09/29/14 to 11/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/Tramadol 20% in Mediderm base 30mg, Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in Mediderm base 30mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The patient presents with pain in the left elbow and wrist rated 2-3/10, associated weakness, cramping, and spasms. Patient states that pain is exacerbated by activity. Patient has no surgical history directed at this complaint. The request is for Flurbiprofen 20%/Tramadol 20% In Mediderm Base 30mg, Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% In Mediderm Base 30mg. Physical examination 11/10/14 revealed tenderness to palpation to the anterior and lateral left elbow. Wrist examination revealed tenderness to the lateral, medial, and volar aspects of the left wrist - positive Phalen's and Finkelsten's signs noted. The patient's current medication regimen is not discussed in the most recent progress notes provided. Per progress note 11/10/14, patient is advised to remain off work until 12/25/14. Diagnostic imaging was not included. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... 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 use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." In this case, it appears as though the provider is requesting two compounded creams with the same base for the management of this patient's chronic elbow and wrist pain. However, the first requested topical cream contains Tramadol, which is not supported by guidelines. The second compounded cream contains Gabapentin, which is also not supported by guidelines. MTUS dictates that any compounded cream which contains an unsupported ingredient is not indicated. Therefore, this request is not medically necessary.

**Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base 210gm, 30 day supply:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The patient presents with pain in the left elbow and wrist rated 2-3/10, associated weakness, cramping, and spasms. Patient states that pain is exacerbated by activity. Patient has no surgical history directed at this complaint. The request is for Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% In Cream Base 210gm, 30 supply. Physical examination 11/10/14 revealed tenderness to palpation to the anterior and lateral left elbow. Wrist examination revealed tenderness to the lateral, medial, and volar aspects of the left wrist - positive Phalen's and Finkelsten's signs noted. The patient's current medication regimen is not

discussed in the most recent progress notes provided. Per progress note 11/10/14, patient is advised to remain off work until 12/25/14. Diagnostic imaging was not included. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... 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 use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." In this case, it appears as though the provider is requesting a compounded cream for the management of this patient's chronic elbow and wrist pain. However, the requested topical cream contains Gabapentin, which is not supported by guidelines. MTUS dictates that any compounded cream which contains an unsupported ingredient is not indicated. Therefore, this request is not medically necessary.

**Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/ Capsaicin 0.025% in cream base, 30 day supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The patient presents with pain in the left elbow and wrist rated 2-3/10, associated weakness, cramping, and spasms. Patient states that pain is exacerbated by activity. Patient has no surgical history directed at this complaint. The request is for Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/0.025% in cream base, 30 day supply. Physical examination 11/10/14 revealed tenderness to palpation to the anterior and lateral left elbow. Wrist examination revealed tenderness to the lateral, medial, and volar aspects of the left wrist - positive Phalen's and Finkelsten's signs noted. The patient's current medication regimen is not discussed in the most recent progress notes provided. Per progress note 11/10/14, patient is advised to remain off work until 12/25/14. Diagnostic imaging was not included. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... 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 use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." In this case, it appears as though the provider is requesting a compounded cream for the management of this patient's chronic elbow and wrist pain. However, the requested topical cream contains Baclofen, which is not supported by guidelines. MTUS dictates that any compounded cream which contains an unsupported ingredient is not indicated. Therefore, this request is not medically necessary.

**Urine screen to r/op meds toxicity:** 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 Urine drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Urine drug testing

**Decision rationale:** The patient presents with pain in the left elbow and wrist rated 2-3/10, associated weakness, cramping, and spasms. Patient states that pain is exacerbated by activity. Patient has no surgical history directed at this complaint. The request is for urine drug screen two r/op med toxicity. Physical examination 11/10/14 revealed tenderness to palpation to the anterior and lateral left elbow. Wrist examination revealed tenderness to the lateral, medial, and volar aspects of the left wrist - positive Phalen's and Finkelsten's signs noted. The patient's current medication regimen is not discussed in the most recent progress notes provided. Per progress note 11/10/14, patient is advised to remain off work until 12/25/14. Diagnostic imaging was not included. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, Official Disability Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. In this case, the provider is apparently requesting a urine drug screen to rule out medication toxicity, though the provider has not provided a reason for the request. Regular UDS's are generally indicated for gauging compliance with narcotic medication regimens, though there is no indication that this patient is currently prescribed any narcotics. In regards to the physician's intent to rule out medication toxicity, a rationale is not provided, and there is no documentation that the patient is currently taking any medications which could result in toxicity. Therefore, the request is not medically necessary.