

Case Number:	CM14-0038496		
Date Assigned:	06/27/2014	Date of Injury:	07/23/2013
Decision Date:	01/06/2015	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/01/2014

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 Internal 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 case of a 27 year old male who worked as a supervisor for [REDACTED] for over one year. He performed duties which included carrying, moving and rearranging pieces of furniture which were donated to the store. The period of time between October 2012 and August 10, 2013, he sustained cumulative trauma type injuries as a result of which he developed pain in his right elbow and right wrist. His date of injury was reported as 7/23/2013. In a report from [REDACTED] from 3/24/2014, the patient was complaining of burning right elbow pain and muscle spasms. His pain was described as constant, moderate to severe, and rated at 6-7/10. The pain was aggravated with gripping, grasping, reaching, pulling, and lifting. He also complained of weakness, numbness and tingling of the hand and fingers. He reported that the symptoms persist, but the medications do offer him temporary relief of pain and improve his ability to have restful sleep. He denies any problems with the medications, and the pain is also alleviated by activity restrictions. On physical exam, there is tenderness to palpation at the medial epicondyle of his elbow. He had a positive tinel's elbow test and a positive Cozen's sign test. His range of motion was within normal limits. There was noted tenderness to palpation of his wrist as well as some decreased range of motion with flexion, extension, radial and ulnar deviation. Tinel's wrist test, Phalen's test, Finkelstein's test and Impingement tests were all positive. On neurological exam, he had decreased sensation to pinprick and light touch over the course of the ulnar nerve distribution of his right upper extremity. Motor strength was 4/5 in all the represented muscle groups in the bilateral upper extremities. The patient was diagnosed with right elbow pain, and right wrist pain. The practitioner was ruling out cubital tunnel syndrome, radial styloid tenosynovitis, carpal tunnel syndrome and traumatic rupture of the right ulnocarpal ligament. He was prescribed Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cylcophene, and Ketoprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclophene 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20 Page(s): 41-42..

Decision rationale: Cyclophene is a topical Cyclobenzaprine cream. Based on MTUS guidelines, cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in management of back pain; the effect is modest and comes at a price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, the patient is experiencing muscle spasms as documented in [REDACTED] note, but only a short course on cyclobenzaprine is recommended per MTUS guidelines. I am not sure how long the patient has been on this cream already, and there was no indication as to the frequency or duration of further treatment with Cyclophene. Due to the evidence in this case and based on the MTUS guidelines, the request for Cyclophene is not medically necessary.

Ketoprofen Creme 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Section 9792.20 Page(s): 111-112..

Decision rationale: Based on MTUS guidelines, topical analgesics are recommended as an option and are largely experimental in use with few randomized controlled trial to determine efficacy or safety. Primarily they are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. There is little to no research to support the use of many of these agents. The efficacy of Non-steroidal antiinflammatory agents (NSAIDs) in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis studies to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. They are recommended for short-term use (4-12 weeks) when used for osteoarthritis or tendinitis, in particular, of the knee and elbow. In this case, it is unclear how long he has been on Ketoprofen cream. Also, there is no quantity,

frequency or duration of treatment requested for the use of this cream. Therefore, based on the evidence in this case and the MTUS guidelines, the request for Ketoprofen cream is not medically necessary.

Terocin Patches 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines : Section 9792.20 Page(s): 112.

Decision rationale: Terocin Patches contain the ingredients lidocaine and menthol. Based on MTUS guidelines, Lidocaine is indicated for neuropathic pain. It is recommended for localized peripheral pain after there has been evidence of trial of first-line therapy (tricyclic or SNRI antidepressants or use of Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotion, or gels) are indicated for neuropathic pain. Only FDA-approved products are currently recommended. The use of lidocaine for non-neuropathic pain is not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Since Terocin patches are not an approved formulation of dermal lidocaine, it cannot be approved. Also, there was no request for use of Terocin Patches for a specified quantity, frequency or duration of time. Therefore, based on the evidence in this case and the MTUS guidelines, the request for Terocin Patches is not medically necessary.

Tabradol 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

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

Decision rationale: Tabradol contains the ingredients cyclobenzaprine and methyl sulfonylmethane. Based on MTUS guidelines, cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in management of back pain; the effect is modest and comes at a price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, the patient is experiencing muscle spasms as documented in [REDACTED] note, but only a short course on cyclobenzaprine is recommended per MTUS guidelines. I am not sure how long the patient has been on Tabradol, and there was no indication as to the quantity, frequency or duration of further treatment with Tabradol. Due to the evidence in this case and based on the MTUS guidelines, the request for Tabradol is not medically necessary.

