

<b>Case Number:</b>	CM14-0066970		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/29/2010
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 48 year old female with the injury date of 08/29/10. Per 04/10/14 physician's report, the patient has pain in both of her elbows. The patient underwent lateral epicondylar repair at the elbow on 01/14/13 and. The patient continues to be symptomatic. The patient has a PRP injection at the right lateral epicondyle with no relief. "Nerve study of the right upper extremity 11/22/13 indicates absence of radial nerve responses below the elbow as well as signs of a severe conduction block of the median nerve at the elbow and ulnar nerve conduction was weak." The patient is currently working with modified duties. The lists of diagnoses are:1) Bilateral epicondylar repair2) CRPS 1 righth arm3) Radial nerve lesion4) Right arm painThe patient are renewing "Lyrica and Norco for nerve pain ." Per 03/04/14 urine drug screening indicates that the patient is taking Hydrocodone, Norhydrocodone, Hydromorphone, and Pregabalin.Per 02/21/14 progress report, the patient is loosing function in median, radial and lateral antebrachial cutaneous nerves. The patient rates her pain as constant 10/10. "Her lateral elbow pain radiates down her entire arm to her hand. She cannot carry or hold anything as she feels a deep tearing sensation in her arm." The patient is taking Norco and Lyrica. The utilization review determination being challenged is dated on 04/28/14. Treatment reports were provided from 12/05/13 to 05/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Ointment - tramadol, carisoprodol, lidocaine, gapapentin and flurbiprofen**  
**Quantity One:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non- FDA approved Topical Analgesic.

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

**Decision rationale:** The patient presents with pain and weakness in her elbows and arms bilaterally. The patient is s/p lateral epicondylar repair at the elbow on 01/14/23. The request is for compound ointment (tramadol, carisoprodol, lidocaine, gabapentin and flurbiprofen). MTUS guidelines do not recommend Gabapentin, Lidocaine or Tramadol as topical cream. MTUS page 111 do not support compounded topical products if one of the components are not recommended. Furthermore, there is no indication of each ingredient % or dosage. Given the lack of support for topical gabapentin, lidocaine or tramadol, the request IS NOT medically necessary.