

Case Number:	CM14-0084014		
Date Assigned:	01/29/2015	Date of Injury:	08/10/2011
Decision Date:	03/03/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/05/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 39 year old right handed worker sustained an industrial injury to the right hand due to repetitive stress with a date of injury (DOI) 08/10/2011. The diagnosis include repetitive strain injury, wrist/elbow tendonitis and myofascial pain syndrome. The current diagnosis related to the request dated 04/24/2014 is carpal tunnel syndrome, lateral epicondylitis affecting the right elbow and hand. Prior Conservative treatments included time off work, modified duty, bracing, occupational therapy, heat, a home exercise program, H-wave, injections of cortisone to the left elbow, Voltaren gel, and use of a transcutaneous electrical stimulation (TENS) unit. Prior surgery and procedures include Injection of platelet rich plasma to the right lateral epicondyle administered on 05/18/12, 8/ 2012, and 09/16/2012., right epicondylar debridement, and carpal tunnel release. According to the exam notes of 03/31/2014, the IW received acupuncture just prior to the March exam and noted mild improvement of symptoms in the upper extremity. She did experience chest pain and left arm symptoms in the week prior to the 03/31/2014 exam which responded positively to Compazine. The EKG on that visit was negative On examination, she had full active symmetric range of motion in the bilateral upper extremities. Sensation was intact throughout to light touch with excellent capillary refill. The IW continued occasional paresthesia to the left hand. There was no gross evidence of instability and there was no tenderness in the hand or fingers. There was some mild forearm pain bilaterally with a positive tinea to the ulnar nerve to the left elbow. The IW was felt to be continuing to make improvements and was encouraged to continue with the use of TENS and use of a prescription of

compound medication to help alleviate her pain. A retrospective request was submitted on 04/24/2014 for the compound cream of Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Tetracaine 2% cream, QTY: 1.00 from the attending provider. Records reviewed by the Utilization review organization included provider notes of 03/03/2014 through 04/24/2014, and prior UR decisions from 11/01/2011 through 03/10/2014. According to the UR decision notes, prior diagnostics included x-rays and EMG studies which were not available in the medical records provided. In a Utilization Review decision dated 5/05/2014 the UR physician non-certified a retrospective request of 04/24/2014 for the Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Tetracaine 2% cream. California Medical Treatment Utilization Schedule (CA-MTUS) was cited pages 111-113. The denial was based on the lack of documentation of failed trials of anticonvulsants and antidepressants to support the request. MTUS also does not support use of topical muscle relaxers. An Independent Medical Review Application (IMR) was made on 06/04/14 for the Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Tetracaine 2% cream, QTY: 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Tetracaine 2% cream, QTY: 1.00:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. MTUS states that topical Baclofen is "Not recommended."