

Case Number:	CM15-0009305		
Date Assigned:	01/30/2015	Date of Injury:	01/31/2013
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/15/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old female sustained work-related injury to her left elbow on 1/31/2013. Progress notes dated 11/6/2014 state her diagnoses as left elbow medial and lateral epicondylitis and status post left elbow surgery. She reports the elbow pain has improved since surgery 9/4/2014. Previous treatments include medications, cortisone injection, physical therapy and acupuncture. The treating provider requests Versapro/Flurbipro/Cyclobenz x three (3) day supply, #180 and Mentho C/CamphorC/Versapro/Capsaicin/Flurbi x three (3) day supply, #180. The Utilization Review on 1/6/2015 non-certified Versapro/Flurbipro/Cyclobenz x three (3) day supply, #180 and Mentho C/CamphorC/Versapro/Capsaicin/Flurbi x three (3) day supply, #180, citing CA MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Versapro/Flurbipro/Cyclobenz Day Supply: 3 Quantity: 180: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with left elbow pain. The current request is for Versapro/Flurbipro/Cyclobenz Day Supply: 3 quantity: 180. The treating physician states: She still has pain. She states that it is mild in severity. Today, she rates the pain as moderate in its severity. She cannot bend it all the way and she cannot use it to lift, pull, or push at this time. (B.3) In reviewing the documentation submitted, there were no medical reports that referenced the current request. The MTUS guidelines do not support the usage of Flurbiprofen cream (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain and MTUS does not support the usage of cyclobenzaprine in topical products. In this case, the current request is meant to treat the elbow. However the current request contains cyclobenzaprine which is not recommended for topical use. The current request is not supported by the MTUS Guidelines. Recommendation is for denial.

Compound: Mentho C/Camphor C/Versapro/Capsaicin/Flurbi Day Supply: 30 Quantity 180: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with left elbow pain. The current request is for Mentho C/Camphor C/Versapro/Capsaicin/Flurbi Day Supply:30 Quantity 180. The treating physician states: She still has pain. She states that it is mild in severity. Today, she rates the pain as moderate in its severity. She cannot bend it all the way and she cannot use it to lift, pull, or push at this time. (B.3) In reviewing the documentation submitted, there were no medical reports that referenced the current request. The MTUS guidelines support topical NSAIDs for the treatment of peripheral joint arthritic pain. The MTUS guidelines on page 60 require that for all prescriptions that are for chronic pain, the treating physician must document pain and function for the patient. In this case, the treating physician has not documented the response to prior usage of this compounded topical analgesic and there is no way to tell if this medication is providing any functional relief for the patient. The current request is not supported by the MTUS guidelines. Recommendation is for denial.