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| Case Number: | CM15-0136118 | | |
| Date Assigned: | 07/24/2015 | Date of Injury: | 05/06/2015 |
| Decision Date: | 08/20/2015 | UR Denial Date: | 07/09/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 injured worker is a 38 year old male, who sustained an industrial injury on 05-06-2015. Initial complaints and diagnosis were not clearly documented. On provider visit dated 06-29-2015 the injured worker has reported right elbow, arm and wrist and hand pain. On examination of the right elbow revealed +3 spasm and tenderness to the right lateral epicondyle and right olecranon. Valgus, Cozen's and reverse Cozen's test were noted as positive. Right wrist -hand revealed +2 spasms and tenderness to the right anterior wrist and right posterior extension tendon. Bracelet and Finklestein's test was positive on the right. The diagnoses have included lateral epicondylitis of the right elbow and the carpal sprain-strain of the right wrist. Treatment to date has included medication and home exercise program. The injured worker was noted to be temporary totally disable until 08-29-2015. The provider requested topical compound Lidocaine, Gabapentin, and Ketoprofen 180gm Refills: 2 and topical compound Flurbiprofen, Cyclobenzaprine, Baclofen, Lidocaine 180gm Refills: 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Lidocaine, Gabapentin, Ketoprofen 180gm Refills: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Gabapentin is not recommended due to lack of evidence. In addition, Ketoprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. The Ketoprofen is not medically necessary. Since the compound above contains these topical medications and it was used along with another topical analgesic noted below, the compound in question is not medically necessary.

Topical Compound Flurbiprofen, Cyclobenzaprine, Baclofen, Lidocaine 180gm Refills: 2:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine and topical Baclofen are not recommended due to lack of evidence. Since the compound above contains these topical medications, the compound in question is not medically necessary.