

Case Number:	CM15-0165783		
Date Assigned:	09/03/2015	Date of Injury:	06/08/2014
Decision Date:	10/07/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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

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:

The injured worker is a 64 year old female, who sustained an industrial injury on 6-8-14. Initial complaint was of her right elbow-forearm injury. The injured worker was diagnosed as having lateral epicondylitis; neuralgia-neuritis NOS; brachial neuritis NOS; lumbosacral neuritis NOS, sciatica; carpal tunnel syndrome; ulnar nerve lesion; tarsal tunnel syndrome. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 2-24-15 indicated the injured worker was in the office for a follow-up visit for right elbow pain and to review the results of a MRI of her right elbow. On physical examination, the provider documents she continues to have tenderness over the lateral epicondyle. The provocative test for lateral epicondylitis is positive. Her range of motion on flexion and extension is 0-140 degrees with pronation and supination at 80 degrees. The MRI of the right elbow (no date no report) is documented by the provider revealing: 1) there appears to be a posterolateral soft tissue defect at the level of the elbow. 2) Inflammatory changes seen in the vicinity of the lateral epicondyle that is consistent with lateral epicondylitis. He notes she continues to be symptomatic and has accepted a trial of another injection being injection number two. If she continues to be symptomatic after this injection, she may want to consider possible surgical debridement. The provider is requesting authorization of Pharmacy purchase of compound cream: Gabapentin, Amitriptyline, Dextromethorphan 180 grams and Pharmacy purchase of compound cream: Cyclobenzaprine, Flurbiprofen and Hyaluronic 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of compound cream: Gabapentin, Amitriptyline, Dextromethorphan 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with neck pain, pain in the right shoulder, right elbow, and right wrist. The request is for Pharmacy Purchase Of Compound Cream: Gabapentin, Amitriptyline, Dextromethorphan 180gm. Physical examination to the right elbow on 08/04/15 revealed tenderness to palpation over the right lateral epicondyle. Per 03/23/15 progress report, patient's diagnosis include cervical spine musculoligamentous sprain/strain, cervical spine myospasm, lumbar spine musculoligamentous sprain/strain, lumbago, right elbow sprain/strain, rule out cervical spine radiculitis versus radiculopathy. Patient's work status is modified duties. MTUS Guidelines, pa 111, Topical Analgesic section has the following: "Non-steroidal antiinflammatory agents (NSAIDs): The efficacy 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 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. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. 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, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The treater has not discussed this request and no RFA was provided either. Review of the medical records provided do not indicate a prior use and it appears that the treater is initiating this medication. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in cream form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

Pharmacy purchase of compound cream: Cyclobenzaprine, Flurbiprofen and Hyaluronic 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with neck pain, pain in the right shoulder, right elbow, and right wrist. The request is for Pharmacy Purchase Of Compound Cream: Cyclobenzaprine, Flurbiprofen And Hyaluronic 180gm. Physical examination to the right elbow on 08/04/15 revealed tenderness to palpation over the right lateral epicondyle. Per 03/23/15 progress report, patient's diagnosis include cervical spine musculoligamentous sprain/strain, cervical spine myospasm, lumbar spine musculoligamentous sprain/strain, lumbago, right elbow sprain/strain, rule out cervical spine radiculitis versus radiculopathy. Patient's work status is modified duties. MTUS Guidelines, pa 111, Topical Analgesic section has the following: "Non-steroidal antiinflammatory agents (NSAIDs): The efficacy 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 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. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo-contact dermatitis. 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, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The treater does not discuss this medication; no RFA was provided either. Review of the medical records provided do not indicate a prior use and it appears that the treater is initiating this medication. This topical contains Hyaluronic acid which is not discussed in any of the guidelines for topical use, and Cyclobenzaprine, which is not supported by the guidelines for topical use. MTUS pg 111 states that if one of the ingredients is not indicated, then the entire compound is not indicated. The request is not medically necessary.