

<b>Case Number:</b>	CM15-0188611		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	12/30/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 63 year old female sustained an industrial injury on 12-30-14. Documentation indicated that the injured worker was receiving treatment for right elbow lateral epicondylitis. Previous treatment included physical therapy, injections and medications. On 7-14-15, the injured worker underwent right elbow open repair of common extensor tendon. In a progress note dated 8-19-15, the injured worker reported having "mild to moderate" right elbow pain intermittently that was improving. The injured worker was recovering at home and taking pain medications. She had completed physical therapy. The physician stated that the injured worker had no unusual complaints. Physical exam was remarkable for right elbow with clean incision, range of motion 0 to 130 degrees and intact right upper extremity sensation. The treatment plan included requesting authorization for physical therapy twice a week for four weeks. In a Doctor's First Report of Occupational Injury dated 8-21-15, the injured worker complained of frequent right elbow pain and intermittent mid back pain, rated 8 out of 10 on the visual analog scale. The injured worker reported that the pain started after surgery. Physical exam was remarkable for thoracic spine with 2+ tenderness to palpation, right elbow with 2+ tenderness over the lateral aspect with range of motion 0 to 126 degrees and positive Cozen's sign. The physician recommended physical therapy twice a week for four weeks, acupuncture twice a week for four weeks, an orthopedic consultation and a monthly pain management evaluation. In a pain management initial evaluation dated 9-3-15, the injured worker complained of ongoing arm pain aggravated by movement and activity, rated 9 out of 10 on the visual analog scale. The injured worker reported that over the counter non-steroidal anti-inflammatory medications did not

provide relief. Physical exam was remarkable for right elbow with intact range of motion and tenderness to palpation at the lateral epicondyle. The treatment plan included a prescription for Tramadol and topical cream patches (Avalin Lidocaine 4% and Menthol 1% cream, Gabapentin, Amitriptyline, Dextromethorphan 15-4-10 percent cream, Cyclobenzaprine 2%, Flurbiprofen 25% cream) and Autonomic nervous system and Sphygmocore testing. On 9-16-15, Utilization Review noncertified a request for Avalin Lidocaine 4% and Menthol 1% cream, Gabapentin, Amitriptyline, Dextromethorphan 15-4-10 percent cream, Cyclobenzaprine 2%, Flurbiprofen 25% cream and Tramadol 50mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Avalin Lidocaine 4% and Menthol 1%: 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:** There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. Per the California MTUS Chronic Pain guidelines, topical analgesics are not recommended as an option for chronic pain control and are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. The requested cream is a combination of multiple medications. Compounded medications are not FDA approved or recommended by ODG guidelines due to concerns of purity and efficacy. Hence the request for this compounded medication is not appropriate or indicated by MTUS and ODG guidelines. Therefore, based on the submitted medical documentation, the request for Avalin Lidocaine 4% and Menthol 1% is not medically necessary.

#### **Gabapentin/Amitriptyline/Dextromethorphan 15/4/10 percent #1: 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:** There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. Per the California MTUS Chronic Pain guidelines, topical analgesics are not recommended as an option for chronic pain control and are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. The requested cream is a combination of multiple medications.

Compounded medications are not FDA approved or recommended by ODG guidelines due to concerns of purity and efficacy. Hence the request for this compounded medication is not appropriate or indicated by MTUS and ODG guidelines. Therefore, based on the submitted medical documentation, the request for Gabapentin/Amitriptyline/Dextromethorphan 15/4/10 percent is not medically necessary.

**Cyclobenzaprine 2%, Flurbiprofen 25% cream base:** 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:** There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. Per the California MTUS Chronic Pain guidelines, topical analgesics are not recommended as an option for chronic pain control and are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. The requested cream is a combination of multiple medications. Compounded medications are not FDA approved or recommended by ODG guidelines due to concerns of purity and efficacy. Hence the request for this compounded medication is not appropriate or indicated by MTUS and ODG guidelines. Therefore, based on the submitted medical documentation, the request for Cyclobenzaprine 2%, Flurbiprofen 25% cream base is not medically necessary.

**Tramadol 50mg (Ultram) #60:** 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): Opioids for chronic pain.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Per MTUS guidelines, "Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction." Per ODG, Tramadol is associated with an increased risk for hypoglycemia requiring hospitalization. Although rare, tramadol-induced hypoglycemia is a potentially fatal, adverse event. "Hypoglycemia adds to mounting concerns about tramadol, a weak opioid, that counter the perception that it is a safer alternative to full opioids." This patient has right elbow lateral epicondylitis, which is currently being treated with multiple other medications. The patient is at risk for addiction or drug interaction due to his current medication use. Therefore, based on the submitted medical documentation, the request for tramadol is not medically necessary.

