

Case Number:	CM15-0200404		
Date Assigned:	10/15/2015	Date of Injury:	05/06/2015
Decision Date:	12/01/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/13/2015

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: Pennsylvania
 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:

This injured worker is a 38 year old male, who sustained an industrial injury on 05-06-2015. The injured worker was diagnosed as having lateral epicondylitis of the right elbow and carpal sprain-strain of the right wrist. On medical records dated 08-31-2015 and 09-28-2015, the subjective complaints were noted as right elbow, right arm and right wrist and hand pain. Pain was described as burning. Objective findings were noted as right elbow was noted to have spasm and tenderness to the lateral epicondyle and right olecranon. Valgus test was positive as well as the Cozen's, and reverse Cozen's on the right. Right hand and wrist were noted to have spasm and tenderness to the anterior wrist and posterior extensor tendon. Bracelet test was positive. Treatments to date included physical therapy. Current medications were not listed on 09-28- 2015. The Utilization Review (UR) was dated 10-09-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenol 0.5% 240gm with 1 refill, Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% 240gm with 1 refill and Tylenol No. 3 #90 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenol 0.5% 240gm with 1 refill: Upheld

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

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

Decision rationale: According to the MTUS, topical NSAID's such as Flurbiprofen are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for neuropathic pain as there is no evidence to support its use. When used, topical NSAIDs are recommended for short-term use of 4-12 weeks. Baclofen is a muscle relaxant and is specifically not recommended in the MTUS. There is no evidence for use of muscle relaxants as a topical product. Dexamethasone is not discussed as a topical product. Panthenol is a pro-vitamin of B5. It is not discussed in the MTUS as a topical product. A compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Although Flurbiprofen may be indicated short term for this workers elbow pain, the other drugs in this topical compound are not indicated and Baclofen is specifically not medically necessary.

Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% 240gm with 1 refill: Upheld

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

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

Decision rationale: Amitriptyline is an antidepressant and is not mentioned in the MTUS as a topical analgesic. Gabapentin is mentioned in the MTUS as a topical analgesic and is not recommended. Bupivacaine is not specifically mentioned in the MTUS but lidocaine is. Topical lidocaine (Lidoderm) is recommended for neuropathic pain after there has been evidence of a trial of first line therapy with tricyclic, SNRI, or an AED such as gabapentin or Lyrica. Lidocaine is not recommended for non-neuropathic pain. According to the Chronic Pain Guidelines, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no documentation of this worker having neuropathic pain. This compounded medication is not medically necessary.

Tylenol No.3 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case there was no documentation of any improvement in function or pain. In fact the medical record states he has not had any improvement in function. There is also no indication in the record of a trial of non-opioid analgesics. The request is not medically necessary.