

<b>Case Number:</b>	CM15-0022797		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	11/09/2008
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Emergency Medicine

### 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 56 year old female, who sustained a work related injury on 11/9/08. The diagnoses have included right carpal and cubital tunnel syndrome, right elbow epicondylitis, and right elbow ulnar nerve entrapment. Treatments to date have included NCS/EMG study, physical therapy a long time ago, Flector patch, a compounded cream, and oral medications. In the PR-2 dated 1/23/15, the injured worker complains of right elbow pain. She complains of arm weakness, stiffness, aching and cramping. She states most of the pain is located in the right upper forearm. She states that activity makes pain worse. She has numbness and tingling in the right arm. She rates the pain a 5/10. She also complains of right neck pain. On 1/26/15, Utilization Review non-certified requests for Ketoprofen/Cyclobenzaprine/Menthol/Camphor 120gm. and Flector patch 1.3%. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen/Cyclobenzaprine/Caosaicin/Menthol/Camphor 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics Page(s): 111-113.

**Decision rationale:** The requested Ketoprofen/Cyclobenzaprine/Caosaicin/Menthol/Camphor 120gm , is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants".The injured worker has right elbow pain. She complains of arm weakness, stiffness, aching and cramping. She states most of the pain is located in the right upper forearm. She states that activity makes pain worse. She has numbness and tingling in the right arm. She rates the pain a 5/10. She also complains of right neck pain. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Ketoprofen/Cyclobenzaprine/Caosaicin/Menthol/Camphor 120gm is not medically necessary.

**Flector patch 1.3%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-

**Decision rationale:** The requested Flector patch 1.3%, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The injured worker has right elbow pain. She complains of arm weakness, stiffness, aching and cramping. She states most of the pain is located in the right upper forearm. She states that activity makes pain worse. She has numbness and tingling in the right arm. She rates the pain a 5/10. She also complains of right neck pain. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, Flector patch 1.3% is not medically necessary.