

Case Number:	CM15-0024116		
Date Assigned:	02/13/2015	Date of Injury:	10/23/2012
Decision Date:	04/22/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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, Ohio, 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:

This 64 year old female sustained an industrial injury to bilateral wrists and elbows via cumulative trauma from October 23, 2012. Previous treatment included right ulnar nerve release (7/24/13) and left ulnar nerve release (10/9/13). In an initial comprehensive orthopedic consultation report dated 9/19/14, the injured worker complained of residual pain to bilateral elbows as well as burning bilateral wrist pain with muscle spasms. The injured worker rated her pain 8-9/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation over bilateral lateral epicondyles, carpal bones and the thenar and hypothenar eminences with mildly diminished range of motion, positive Tinel's and Phalen's tests, motor strength 4/5 to bilateral upper extremities, and slightly diminished sensation to pinprick and light touch. Current diagnoses included bilateral elbow lateral epicondylitis and bilateral wrist tenosynovitis. The treatment plan included medications Deprizine, Dicopanol, Fanatrex, Synapry, Tabradol, Cyclobenzaprine and Ketoprofen cream, physical therapy three times a week for six weeks, magnetic resonance imaging bilateral elbows, electromyography/nerve conduction velocity test bilateral upper extremities and Terocine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 167gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Additionally this guideline specifically does not recommend topical Ketoprofen due to an FDA advisory. For these multiple reasons, this request is not medically necessary.

Cyclobenzaprine 5% cream 110gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Additionally this guideline specifically does not recommend cyclobenzaprine or other muscle relaxants for topical use. This request is not medically necessary.

Synapryn 10mg/1ml 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS discusses compounded medications in the section on topical analgesics. Compounded products are not recommended unless there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this compounded medication or its ingredients. This request is not medically necessary.