

<b>Case Number:</b>	CM15-0043135		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	04/04/2004
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2015

### 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 61 year old female, who sustained an industrial injury on 04/04/2004. She has reported injury to the neck, upper back, shoulder, and right upper extremity. The diagnoses have included chronic cervical strain with cervicogenic headaches; right elbow lateral epicondylitis; triceps tendinitis; and mild right carpal tunnel syndrome. Treatment to date has included medications, massage, chiropractic sessions, and home exercise program. Medications have included Flector patches and Trolamine salicylate 10% cream. A progress note from the treating physician, dated 01/27/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of pain in her neck, shoulder, right upper extremity, and particularly in her right elbow. Objective findings included tenderness to the right elbow lateral aspect. The treatment plan has included continuation of prescription medications and home exercise program. Request is being made for Flector patch 1.3% QTY: 20 with 3 refills; and Trolamine salicylate 10% cream QTY: 100 grams with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 1.3% QTY: 20 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines chapter Pain and Topic Flexor patch.

**Decision rationale:** The 61 year old patient complains of pain in neck, upper back, shoulder and right upper extremity, as per progress report dated 09/30/14. The request is for Flexor Patch 1.3% Qty 20 3 Refills. The RFA for the case is dated 02/17/15, and the patient's date of injury is 04/04/04. Diagnoses, as per progress report dated 09/30/14, included chronic cervical strain with cervicogenic headaches, persistent right elbow lateral epicondylitis, improving triceps tendinitis and olecranon bursitis, chronic left upper extremity repetitive stress injury, mild right carpal tunnel syndrome, possible left carpal tunnel syndrome, hypertension, GERD, sleep apnea, allergies and elevated liver function tests. The patient works 24 hours per week, as per the same progress report. Regarding topical NSAIDs, MTUS Topical Analgesics, pg 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." ODG Guidelines, chapter Pain and Topic Flexor patch state that "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flexor efficacy beyond two weeks." In this case, a prescription for Flexor patch is first noted in progress report dated 01/27/14. As per the report, the patch helps with "acute flare-up of elbow pain." In progress report dated 09/30/14, the treating physician states that Flexor patches help with her elbow pain. MTUS, however, recommends only short-term use that lasts about 4-12 weeks. Hence, the current request for 20 patches with 3 refills is excessive and IS NOT medically necessary.

**Trolamine salicylate 10% cream QTY: 100 grams with 3 refills:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com at <http://www.drugs.com/cdi/trolamine-salicylate.html>.

**Decision rationale:** The 61 year old patient complains of pain in neck, upper back, shoulder and right upper extremity, as per progress report dated 09/30/14. The request is for Trolamine Salicylate 10% Cream Qty: 100 Grams With 3 Refills. The RFA for the case is dated 02/17/15, and the patient's date of injury is 04/04/04. Diagnoses, as per progress report dated 09/30/14, included chronic cervical strain with cervicogenic headaches, persistent right elbow lateral epicondylitis, improving triceps tendinitis and olecranon bursitis, chronic left upper extremity repetitive stress injury, mild right carpal tunnel syndrome, possible left carpal tunnel syndrome, hypertension, GERD, sleep apnea, allergies and elevated liver function tests. The patient works 24 hours per week, as per the same progress report. MTUS, ACOEM and ODG guidelines do not discuss this topical cream. As per study published in the February 1998 issue of the Journal of

Clinical Rheumatology "A 10% trolamine salicylate cream was shown to be safe and effective for the temporary relief of minor pain and stiffness associated with osteoarthritis in the hands. This formulation has no smell or counter-irritating properties; patient acceptability was good." As per Drugs.com at <http://www.drugs.com/cdi/trolamine-salicylate.html> "Trolamine salicylate is a topical salicylate pain reliever. It works by reducing swelling and inflammation in the muscle and joints." In this case, a prescription for Trolamine salicylate is first noted in progress report dated 01/27/14. As per the report, the topical formulation helps with "acute flare-up of elbow pain." In progress report dated 09/30/14, the treating physician states that the cream helps with her elbow pain. Drugs.com also supports the use of the pain reliever for inflammation of joints. Hence, the request IS medically necessary.