

Case Number:	CM14-0099297		
Date Assigned:	07/28/2014	Date of Injury:	10/26/2010
Decision Date:	09/16/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/27/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient is a 43 year old female with date of injury 10/26/2010. The mechanism of injury is stated as continuous trauma. The patient has complained of bilateral hand, wrist, elbow shoulder and neck pain since the date of injury. She has been treated with a left lateral epicondylar release, physical therapy and medications. There are no radiographic reports included for review. Objective: decreased grip strength bilaterally, tender trapezius musculature bilaterally, painful wrist range of motion, tender right lateral epicondyle with palpation, positive wrist extensor test on the right. Diagnoses: status post left elbow release, right lateral epicondylitis. Treatment plan and request: Flurbiprofen 15%, Cyclobenzaprine 10% 180gm; Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05% 240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15%, Cyclobenzaprine 10% 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient has complained of bilateral hand, wrist, elbow shoulder and neck pain since date of injury 10/26/2010. She has been treated with a left lateral epicondyle release, physical therapy and medications. The current request is for Flurbiprofen 15%, Cyclobenzaprine 10% 180gm. Per the MTUS Chronic Pain Guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS Chronic Pain Guidelines cited above, the request is not medically necessary and appropriate.

Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05% 240gm:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient has complained of bilateral hand, wrist, elbow shoulder and neck pain since date of injury 10/26/2010. She has been treated with a left lateral epicondyle release, physical therapy and medications. The current request is for Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05% 240gm. Per the MTUS Chronic Pain Guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS Chronic Pain Guidelines cited above, the request is not medically necessary and appropriate.