

<b>Case Number:</b>	CM14-0190865		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	04/08/2000
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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. 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:

This is a 62-year-old female with a work related injury dated April 6, 2000. At the physician's visit dated October 8, 2014 reflected that the worker was experiencing elbow pain that was unchanged from the visit one month prior. The worker reported that her Cymbalta had been increased the month before, however it was causing excess drowsiness and she was thinking of decreasing the dose. The worker also reported that she was taking less Norco at night. Pain was rated a four with medication and nine without medication. Functional level was reported to be able to work with hands and arms and sleep at night without throbbing pain when taking medication. Functional level without medication was inability to use her arms. The documentation reflected that functional improvements were achieved with current medication regimen. Physical exam was remarkable for positive tenderness to palpation over the lateral epicondyle areas bilaterally, increased pain with resistance to palm down grip and lift test, grip, and supinate level bilaterally. Diagnoses at this visit included medial epicondylitis, lateral epicondylitis and adjustment reaction with prolonged depression. Plan of care at this visit included continuation of medications. The utilization review decision dated Tuesday, October 21, 2014 non-certified the request for Norco 10/325mg, count 160 with no refills and Compound Topical Cream Myofascial with Ketamine. The compounded cream was non-certified with the rationale that there is no evidence-based documentation to support any significant benefit from the use of topical creams in individuals with chronic medial and lateral epicondylitis. The Norco was documented as follows: "The Norco is recommended for certification as medically necessary and appropriate". The request was however not approved and further documentation

in the UR decision indicated that the individual had appropriate drug surveillance, but that the worker would benefit from a psychological evaluation and cognitive behavior therapy. The documentation did indicate the worker had an adjustment reaction with prolonged depression and was on anti-depressants at the time of the review. Her depression would benefit from the recommended therapy as well as provide more coping mechanisms in order to decrease the use of chronic opioid therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **2 Norco 10/325mg #160: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Non-MTUS Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. [www.RxList.com](http://www.RxList.com). Non-MTUS website ODG Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm) and Non-MTUS website [drugs.com](http://drugs.com) and Non-MTUS website Epocrates Online, [www.online.epocrates.com](http://www.online.epocrates.com) and Non-MTUS website Monthly Prescribing Reference, [www.empr.com](http://www.empr.com) and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

**Decision rationale:** The patient presents with complains of chronic elbow pain rated 04/10 with and 08/10 without medication with evidence of bilateral lateral and medial epicondylitis. The request is for 2 NORCO 10/325 MG #160. Patient is to continue full duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, although pain scales are reported to confirm analgesia, there are no specific discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. No UDS's, opioid pain agreement, or CURES reports were provided for review, MTUS requires appropriate discussion of the 4A's. Furthermore, per the progress report dated 10/08/14, the patient has been advised to decrease the amount of pain medications. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

#### **Compound Topical cream Myofascial with Ketamine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Non-MTUS Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. [www.RxList.com](http://www.RxList.com). Non-MTUS website

ODG Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm) and Non-MTUS website [drugs.com](http://drugs.com) and Non-MTUS website Epocrates Online, [www.online.epocrates.com](http://www.online.epocrates.com) and Non-MTUS website Monthly Prescribing Reference, [www.empr.com](http://www.empr.com) and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** The patient presents with complains of chronic elbow pain rated 04/10 with and 08/10 without medication with evidence of bilateral lateral and medial epicondylitis. The request is for COMPUND TOPICAL CREAM MYOFASCIAL WITH KETAMINE. Patient is to continue full duty. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents." Regarding topical Ketamine, MTUS page 112 states: "Under study: only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." Prescription compound topical cream myofascial with ketamine is prescribed for medial and lateral epicondylitis with intent to allow reduction in use of opiate medication. Topical analgesics are largely experimental with no adequate research to support efficacy. In this case, the patient has not been diagnosed with CRPS or post-herpetic neuralgia, and ketamine has not been shown in any studies to provide functional improvement for other neuropathic pain. Therefore, the request is not medically necessary.