

<b>Case Number:</b>	CM14-0214225		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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:

The patient is a 69-year-old male with a date of injury of 07/01/2011. According to progress report dated 05/31/2014, the patient presents with continued pain in the left elbow and left knee. The patient is still pending insurance approval for the arthroscopic surgery of the left knee and injection with an orthopedist for his left elbow lateral epicondylitis. The patient is currently utilizing tramadol, cyclobenzaprine, and naproxen. Physical examination of the elbow revealed tenderness upon palpation of the left elbow. Range of motion was slightly decreased with bilateral flexion. Tennis elbow test is positive at the left elbow. Phalen's sign is positive and Tinel's sign is negative. Examination of the knee joints revealed tenderness in the left knee. Motor strength score is 3/5 with decrease of range of motion in all planes on the left. Compression, grind, and drawer tests are all positive. The listed diagnoses are: 1. Left elbow lateral epicondylitis. 2. Left knee oblique tear of the medial meniscus. 3. Bilateral feet and ankle tenosynovitis with calcaneal spur of the right foot. Treatment plan was for patient to continue utilizing medications including topical compound cream, naproxen, tramadol, and cyclobenzaprine. The patient is to remain off work until 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS 10/6/14) Cyclobenzaprine HCL 4% powder/Flurbiprofen 20% powder/Tramadol HCL 20% powder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream Page(s): 113 of 127.

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

**Decision rationale:** This patient presents with left elbow and left knee pain. This is a request for retrospective (DOS 10/06/2014) cyclobenzaprine HCl 4% powder, flurbiprofen 20% powder, tramadol HCl 20% powder. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Cyclobenzaprine and Tramadol are not recommendation in any topical formulation; therefore, the entire compound topical cream is rendered invalid. This topical compound medication is not medically necessary.