

<b>Case Number:</b>	CM15-0012514		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 45-year-old female reported a work-related left elbow injury on 4/18/2013. According to the PR2 from the treating provider dated 1/8/2015, the injured worker reports headaches, neck pain, left shoulder/elbow/hand/arm pain, stress/depression and sleeping problems. The diagnoses include head pain, cervical musculoligamentous strain/sprain with radiculitis, left elbow, shoulder and wrist strain/sprain and left elbow epicondylitis. Previous treatments include medications, acupuncture and physical therapy. The treating provider requests Meloxicam 7.5 mg, #60; one initial high complexity pain management; one prescription of MPC-1 Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% in cream base, 210 grams and one prescription of NPHCC1 Dextromethorphan 10%/Gabapentin 10%/Bupivacaine 5%/Menthol 2%/Camphor 2% in cream base, 210 grams. The Utilization Review on 12/23/2014 non-certified the request for Meloxicam 7.5 mg, #60; one initial high complexity pain management; one prescription of MPC-1 Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% in cream base, 210 grams and one prescription of NPHCC1 Dextromethorphan 10%/Gabapentin 10%/Bupivacaine 5%/Menthol 2%/Camphor 2% in cream base, 210 grams, citing CA MTUS and Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meloxicam 7.5 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

**Decision rationale:** The patient had a left elbow injury on 04/13/2013 and then the PR-2 on 01/08/2015 described headaches, neck pain, left shoulder pain, left elbow epidondylitis, wrist strain/sprain, stress/depression and shoulder pain. She had treatment with acupuncture, physical therapy and medication. MTUS guidelines do not support long term treatment with NSAIDS and points out that NSAIDS are associated with GI, renal, cardiovascular adverse effects and also decrease soft tissue healing. Meloxicam is not medically necessary for this patient.

**Initial high complexity and initial high complexity - pain management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, pages 56

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7 IME and Consultations, page 127.

**Decision rationale:** The patient had a left elbow injury on 04/13/2013 and then the PR-2 on 01/08/2015 described headaches, neck pain, left shoulder pain, left elbow epidondylitis, wrist strain/sprain, stress/depression and shoulder pain. She had treatment with acupuncture, physical therapy and medication. It is unclear how a left elbow injury on 04/13/2013 led to headaches, neck, shoulder, elbow and wrist/hand pain in 2015 but the listed diagnoses are not complicated. They are common strain/sprain diagnoses and MTUS criteria for consultation for high complexity pain management are not supported. The patient has depression, stress and sleep problems that commonly exacerbate strain/sprain symptoms.

**One prescription of NPHCC1 Dextromethorphan 10%/Gabapentin 10%/Bupivacaine 5%/Menthol 2%/Camphor2% in cream base, 210 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Topical Baclofen Sections.

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

**Decision rationale:** The patient had a left elbow injury on 04/13/2013 and then the PR-2 on 01/08/2015 described headaches, neck pain, left shoulder pain, left elbow epidondylitis, wrist strain/sprain, stress/depression and shoulder pain. She had treatment with acupuncture, physical

therapy and medication. MTUS guidelines note that if a component of a compound topical analgesic is not recommended then the entire compound is not recommended. Menthol and Gabapentin topical cream are each not recommended as effective treatment; thus, the requested compound medication is not recommended and is not medically necessary.

**One prescription of MPC-1 Flurbiprofen 20%.Baclofen 10%/Dexamethasone 2% in cream base, 210 grams:** Upheld

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

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

**Decision rationale:** The patient had a left elbow injury on 04/13/2013 and then the PR-2 on 01/08/2015 described headaches, neck pain, left shoulder pain, left elbow epidondylitis, wrist strain/sprain, stress/depression and shoulder pain. She had treatment with acupuncture, physical therapy and medication. MTUS guidelines note that if a component of a compound topical analgesic is not recommended then the entire compound is not recommended. MTUS guidelines note that Baclofen cream is not recommended. Thus, the requested compound is not recommended. It is not medically necessary for this patient.