

Case Number:	CM15-0110308		
Date Assigned:	06/16/2015	Date of Injury:	01/15/2014
Decision Date:	07/21/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/08/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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(n) 62 year old male, who sustained an industrial injury on 1/15/14. He reported pain in his knees and left elbow related to repetitive motions. The injured worker was diagnosed as having left elbow strain, left elbow tendonitis and left lateral epicondylitis. Treatment to date has included an MRI of the bilateral knees, a left elbow MRI, chiropractic treatments and cortisone injections. Current medications include Ibuprofen, Hydrocodone and topical creams. As of the PR2 dated 2/16/15, the injured worker reports constant pain in his left elbow. He rates his pain 6/10 currently, a 4/10 with medications and a 7-8/10 when carrying items. Objective findings include severe tenderness at the lateral epicondyle on the left and a positive Mill's test. This is the most current progress note in the case file. The treating physician requested Compound cream - Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% - 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream - Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% - 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the compound in question contains topical Gabapentin. Topical Gabapentin is not recommended due to lack of evidence. In addition, the claimant was also placed on other topical analgesics. There is no indication for combining multiple topical analgesics. The use of topical Compound cream - Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% - 180gm is not medically necessary.

Compound cream - Cyclobenzaprine 2%, Flurbiprofen 25% - 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the compound in question contains topical Cyclobenzaprine. Topical muscle relaxants are not recommended due to lack of evidence. In addition, the claimant was also placed on other topical analgesics. There is no indication for combining multiple topical analgesics. The use of topical Cyclobenzaprine/Flurbiprofen is not medically necessary.