

<b>Case Number:</b>	CM15-0110671		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 (IW) is a 46-year-old female who sustained an industrial injury on 01/29/2013. She reported pain in the left wrist and left shoulder pain, plus symptoms of stress and fatigue, which she attributes to sleep deprivation due to pain. The injured worker was diagnosed as having epicondylitis, rotator cuff syndrome; myofasciitis; stress/anxiety/depression; headaches; insomnia; gastrointestinal irritation; cervical spine disk syndrome; cervical spine radiculitis; cervical spine pain; left shoulder pain; left elbow pain; and bilateral wrist pain. Treatment to date has included diagnostic x-rays, physical therapy, shoulder and wrist supports diagnostic MRI and x-rays. On the visit of 01/29/2014, the injured worker complains of constant pain in her left shoulder, which she rates as a 7-8 on a numeric rating scale of 0-10. She complains of constant pain in her left elbow, which she describes as sharp, aching and sore. She rates this as a 7/8. She has mid and lateral epicondyle pain with grasping, gripping, and lifting. She complains of neck pain in the bilateral neck with left greater than right. She rates this pain as a 5 and describes it as tension and aching. On examination, she has decreased range of motion in all planes on the left side; her elbow and forearm have nonspecific tenderness at the elbow on palpation, and severe tenderness at the medial epicondyle and lateral epicondyle on the left. Her cervical spine range of motion is diminished in flexion and extension on the right and left, and lateral tilt and flex was 30 degrees on the right and 40 degrees on the left with a norm of 45 degrees. Treatment recommendations were for electrical stimulation, infrared, ice compression therapy with neuromuscular re-education and soft tissue therapy. Requests for authorization are made for: 1. Retro: Tramadol/Gabapentin/Menthol/Camphor; DOS 1/29/2014, and 2. Retro: Flurbiprofen/Cyclobenzaprine; DOS 1/29/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Tramadol/Gabapentin/Menthol/Camphor; DOS 1/29/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113.

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

**Decision rationale:** As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Gabapentin: Gabapentin is an anti-epileptic. It is not FDA approved for topical use. As per MTUS guidelines it is not recommended with no evidence to support its use as a topical product. It is not recommended. 2) Tramadol: Is an opioid-like medication. It is not FDA approved for topical application. There is no evidence to support its use topically. 3) Menthol/Camphor: No information available. It may have some topical soothing effects. All components of this non-FDA approved compounded product are not medically appropriate. "Gabacyclotram" is not medically necessary.

**Retro: Flurbiprofen/Cyclobenzaprine; DOS 1/29/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** As per MTUS Guidelines, patient does not even meet basic indication for oral use of Cyclobenzaprine with no documented spasms. It is unclear what is being requested. This merely states Flurbiprofen/Cyclobenzaprine. There is no dosage or total amount documented. It is unclear if this is a non-FDA approved compounded oral or topical medication. There is no noted justification for using a non-FDA approved compounded substance with high risk for adverse reaction and side effects. The lack of documentation or rationale and basic information concerning this potentially dangerous compounded substance does not support the use of a non-FDA approved substance in either topical or oral form. The request is not medically necessary.