

<b>Case Number:</b>	CM15-0112457		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	11/11/2014
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 57 year old man sustained an industrial injury on 11/11/2014 after a slip and fall. Evaluations include undated x-rays of the cervical spine, right shoulder, right forearm, and bilateral knees. Diagnoses include cervical spine sprain/strain, mild right shoulder impingement, severe elbow lateral epicondylitis, mild right hand/wrist tendinitis and carpal tunnel syndrome, and mild to moderate right knee arthrosis with possible internal derangement and meniscal tear. Treatment has included oral medications, surgical intervention, and post-operative physical therapy. Physician notes dated 4/24/2015 show complaints of neck, right shoulder, right elbow, and bilateral knee pain. Recommendations include right elbow MRI, electromyogram/nerve conduction study of the bilateral upper extremities, right knee MRI, continue physical therapy, acupuncture therapy, and topical compounded cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical cream for the right elbow - Flurbiprofen 15%-Gabapentin 10%-Cyclobenzaprine 2%-Baclofen 2%-Lidocaine 5%: 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): 111-113.

**Decision rationale:** Topical cream for the right elbow: Flurbiprofen 15%; Gabapentin 10%; Cyclobenzaprine 2%; Baclofen 2%; and Lidocaine 5% are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The MTUS states that topical muscle relaxants such as Cyclobenzaprine are not recommended, as there is no peer-reviewed literature to support use. The MTUS does not support topical Gabapentin for this patient or topical Baclofen. The MTUS states that Lidocaine in cream formulation is not indicated for chronic pain. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There are no extenuating factors in the documentation submitted which would necessitate deviating from the MTUS recommendations therefore this request is not medically necessary.

**EMG/NCV of the Upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** EMG/NCV of the Upper extremities is not medically necessary per the MTUS Guidelines. The MTUS states that when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The request asks for electrodiagnostic testing of the upper extremities, however the patient does not have symptoms on the left upper extremity therefore this request is not medically necessary.