

Case Number:	CM15-0114492		
Date Assigned:	06/22/2015	Date of Injury:	06/11/2014
Decision Date:	07/21/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/15/2015

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 43 year old female, who sustained an industrial injury on 6/11/14. She has reported initial complaints of right elbow and arm injury. The diagnoses have included bilateral elbow strain/sprain, right elbow contusion and clinical epicondylitis. Treatment to date has included medications, activity modifications, off work, acupuncture, physical therapy and other modalities. Currently, as per the physician progress note dated 3/31/15, the injured worker complains of persistent right elbow pain that radiates to shoulder and neck. She state the pain is rated 5/10 on pain scale and it decreases with the use of medications and creams. She states she is able to do more activities of daily living (ADL) and she is able to work. The physical exam reveals that the right elbow has tenderness to palpation of the lateral epicondyle and the extensors on the right. The elbow range of motion reveals right elbow flexion 110 degrees and extension 5 degrees. There is a positive cubital Tinel's test and strength is 2+/5. The physician noted that he will prescribe Naproxen and transdermal compounds. The urine drug screen dated 1/15/15 is consistent with the medications prescribed. The physician requested treatments included Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180grams and Cyclobenzaprine 2%, Flurbiprofen 25%, 180grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180grams: 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 appropriate. Topical Gabapentin is not recommended due to lack of evidence. In addition topical NSAIDS such as Flurbiprofen can reach systemic levels similar to oral NSAIDS and the claimant was on Ibuprofen and was prescribed another topical containing Flurbiprofen. Duplication of medication is not medically necessary. Since the compound contains topical Gabapentin, the compound in question is not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 25%, 180grams: 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 addition topical NSAIDS such as Flurbiprofen can reach systemic levels similar to oral NSAIDS and the claimant was on Ibuprofen and was prescribed another topical containing Flurbiprofen. Duplication of medication is not medically necessary. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Since the compound above contains topical Cyclobenzaprine, the compound in question is not medically necessary.