

<b>Case Number:</b>	CM15-0117964		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 63-year-old female who sustained a work related injury May 1, 2014. While continuously heavy lifting, she developed pain in her right elbow. Past history included s/p right elbow common extensor release and lateral epicondylectomy, February, 2015. According to an orthopedic primary treating physician's report, dated April 29, 2015, the injured worker presented with moderate pain about the right elbow with swelling. She has difficulty with any gripping, grasping, or straightening of her right elbow. The pain is radiating up into the right shoulder with limitation of the right shoulder range of motion. Examination of the upper extremity revealed a healed lateral oblique incision over the lateral epicondyle of the right elbow. There is diffuse swelling and tenderness and no evidence of infection. She lacks 15 degrees of full extension of the right elbow and 10 degrees of full flexion. The right shoulder abduction is to 90 degrees, forward flexion is 90 degrees, external rotation is 70 degrees and impingement signs are slightly positive. Diagnoses are s/p right elbow surgery; right shoulder impingement. Treatment plan included a request for authorization for Cyclobenzaprine/Clonidine/Hyaluronic acid and Ketoprofen/Gabapentin/Bupivacaine/Fluticasone/Baclofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 2%: Upheld**

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

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant and clonidine over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant medication for this chronic injury without improved functional outcomes attributable to their use. The Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 2% is not medically necessary and appropriate.

**Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Fluticasone 1%, Baclofen 2%:** Upheld

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

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent muscle relaxant, topical Baclofen and Cyclobenzaprine posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Fluticasone 1%, Baclofen 2% is not medically necessary and appropriate.

