

Case Number:	CM15-0121643		
Date Assigned:	07/02/2015	Date of Injury:	04/04/2014
Decision Date:	07/31/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/23/2015

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: Massachusetts

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

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 38 year old female, who sustained an industrial injury on 4/4/14. She reported pain in the right elbow and wrist after pulling a heavy pallet. The injured worker was diagnosed as having right elbow sprain and right lateral epicondylitis. Treatment to date has included physical therapy, a right elbow injection in 2014 with relief for one week, a right wrist x-ray on 4/23/15 with normal results and a right elbow x-ray on 4/23/15 with normal results. As of the PR2 dated 6/2/15, the injured worker reports sharp pain in the right elbow and a dull throbbing in the right wrist. Objective findings include right elbow flexion 140 degrees, extension 0 degrees and tenderness to palpation of the anterior and lateral elbow. The treating physician requested Gabapentin 10%/Cyclobenzaprine 6%/Bupivacaine in cream base 240 grams and Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.025% in cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound GCB - Gabapentin 10%/Cyclobenzaprine 6%/Bupivacaine in cream base 240 grams: 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work-related injury in April 2014 and continues to be treated for right elbow and wrist pain. When seen, pain was rated at 8/10. There was positive Tinel and Cozen testing with decreased right hand pinprick sensation. Gabapentin, cyclobenzaprine, oral Voltaren, and topical creams were prescribed. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.

Compound FBD - Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.025% in cream base: 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work-related injury in April 2014 and continues to be treated for right elbow and wrist pain. When seen, pain was rated at 8/10. There was positive Tinel and Cozen testing with decreased right hand pinprick sensation. Gabapentin, cyclobenzaprine, oral Voltaren, and topical creams were prescribed. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, oral diclofenac is also being prescribed and prescribing a topical NSAID is duplicative. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.