

Case Number:	CM15-0124209		
Date Assigned:	07/15/2015	Date of Injury:	05/15/2013
Decision Date:	09/10/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 52 year old female, who sustained an industrial injury on 5/15/2013. The mechanism of injury is not indicated. The injured worker was diagnosed as having right elbow lateral epicondylitis with sprain/strain, subchondral cyst of the right wrist and hand, right shoulder supraspinatus as well as infrapinatus tendonitis with subacromial bursitis, right wrist tenosynovitis and bursitis, status post cervical disc syndrome without myelopathy, and status post lumbar disc syndrome without myelopathy. Treatment to date has included medications, right carpal tunnel syndrome cortisone injection, electrodiagnostic studies, magnetic resonance imaging of the right elbow (3/17/2015), magnetic resonance imaging of the right shoulder (3/16/2015), magnetic resonance imaging of the right wrist (3/18/2015), right shoulder surgery (5/30/2014), and physical therapy. The request is for Flurbiprofen 20%, Tramadol 20%, Cyclobenzaprine 10% in a cream base; and Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% in a cream base. On 9/13/2014, electrodiagnostic studies were determined to be normal. On 10/22/2014, she complained of pain to the right shoulder, wrist and elbow. She also reports burning, tingling and numbness in the hand and wrist with difficulty bending her fingers. On 12/19/2014, she is noted to be back to work on light duty. She had continued complaint of right shoulder pain with radiation to the right elbow, right forearm and right wrist/hand. She reported taking Naproxen, and indicated it sometimes bothers her stomach, so she will switch to Tramadol. The treatment plan included: continuation of rehab and light duty, ordering urine toxicology screening, and topical compound creams and transdermal medications, prescription for Relafen and Pantoprazole. The treatment plan included: repeat electrodiagnostic studies,

modified duty. Tramadol, Omeprazole. On 4/17/2015, she reported working light duty until January 2015. She reported her pain to be worse. She had pain in her right wrist, right shoulder, both elbows, especially in the right elbow. She is not working because she was laid off as the employer could not accommodate her position for light duty restrictions. She is noted to have been switched to Tramadol in December due to stomach issues. She is noted to currently take Anaprox with Protonix. A new magnetic resonance imaging of the right wrist completed in March 2015, is noted to have revealed a nonunion ulnar styloid fracture in addition to avascular necrosis along the ulnar surface in addition to subchondral cysts and effusion. The treatment plan included: continuing physical therapy, orthopedic referral, and urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Tramadol 20%, Cyclobenzaprine 10% cream base: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. In this case, the topical compound contains Flurbiprofen, Tramadol, and Cyclobenzaprine. Flurbiprofen, used as a topical NSAID, has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Tramadol and Cyclobenzaprine are not FDA approved for use as a topical application. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Amitriptyline 10% Dextromethorphan 10% Gabapentin 10% in cream base: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants

have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. In this case, the topical compound contains Amitriptyline, Gabapentin, and Dextromethorphan. These medications are not FDA approved for use as a topical application. Medical necessity for the requested medication has not been established. The requested topical analgesic compound is not medically necessary.