

<b>Case Number:</b>	CM15-0178115		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	03/25/2015
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: 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 46 year old female who sustained an industrial injury on 03-25-2015. The injured worker was diagnosed with right medial epicondylitis and right ulnar nerve neuritis. According to the primary treating physician's progress report on June 10, 2015, the injured worker continues to experience pain along the inner aspect of the right elbow associated with weakness, burning, numbness and tingling into the right hand of the small and right ring finger. The injured worker rated her pain at 8 out of 10 on the pain scale. Examination demonstrated no swelling with tenderness over the medial epicondyle and non-tender over the lateral epicondyle. Range of motion was unrestricted bilaterally. Tenderness was noted over the radial head with range of motion. Flexion and extension of the digits cause no referred pain to the elbow. A positive Tinel's was documented at the right elbow. The right wrist, hand, thumb and fingers were non-tender with full range of motion. There was some decreased sensation along the right ulnar nerve distribution. Prior treatments documented to date have included diagnostic testing, physical therapy (approximately 17 sessions), acupuncture therapy, right medial epicondyle on June 10, 2015, elbow brace, night splint and medications. Current medications were listed as Norco 10mg-325mg, Tylenol and Naproxen. The Utilization Review determined the request for Flurbi 25%, Capsaicin 0.0375%, Camp 3%, Menthol 10% Cream 240 grams was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbi 25% Cpas 0.0375%/Camp 3%/Menthol 10% Cream 240 gms: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**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 diffuse spine and 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 anti-inflammatories, the authorized Voltaren Gel and topical compounded Flurbiprofen 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 Flurbi 25% Caps 0.0375%/Camp 3%/Menthol 10% Cream 240 gms is not medically necessary and appropriate.