

Case Number:	CM15-0094413		
Date Assigned:	05/21/2015	Date of Injury:	09/03/2013
Decision Date:	06/24/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/18/2015

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: Texas, 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:

This is a 60 year old female patient who sustained an industrial injury on 09/03/2013. The diagnosis includes right elbow lateral epicondylitis. Per the doctor's note dated 4/13/15, she had complaints of bilateral shoulder pain with radiation to the arms, wrist pain and bilateral elbow pain, right greater than left. According to the primary treating physician's progress report on April 7, 2015, she had complains of burning right elbow pain and muscle spasm with weakness, numbness, tingling and pain radiating to the hands and fingers. She rates her pain level at 6-5/10. Examination of the right elbow demonstrated a well healed incision at the posterior lateral aspect with normal active range of motion and tenderness to palpation at the lateral epicondyle and a joint effusion; negative Tinel's elbow sign and positive Cozen's sign; slightly diminished sensation over C5 through T1 dermatomes in the right upper extremity, 4/5 motor strength in the right upper extremity with 2+ deep tendon reflexes and pulses bilaterally. The current medications list includes deprizine, tabradol, synapryn, dicopanol, fanatrex, Terocin patches and topical analgesics creams. She has had right elbow MRI on 8/24/14, which revealed lateral epicondylitis and ulnar neuritis; MRI right elbow with arthrogram dated 2/21/15 which revealed lateral epicondylitis and subchondral cyst. She has undergone arthroscopy of the right elbow (no date documented). She has had physical therapy, chiropractic therapy, extracorporeal shockwave therapy times 3 treatment and medications. Treatment plan consists of Electro-myography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral upper extremities, continue with medications, orthopedic surgeon referral and the current request for compound

topical analgesics medications of Capsaicin 0.02%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 grams and Cyclobenzaprine 25, Flurbiprofen 25 %, 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication, Capsaicin 0.02%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 grams: Upheld

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

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

Decision rationale: Request: Compound medication, Capsaicin 0.02%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 g. Flurbiprofen is an NSAID and Gabapentin is anticonvulsant. The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs: There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and gabapentin are not recommended by the cited guidelines for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. There is no high grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of Compound medication, Capsaicin 0.02%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 gms is not fully established for this patient.

Compound medication- Cyclobenzaprine 25, Flurbiprofen 25 %, 180 grams: Upheld

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

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

Decision rationale: Request: Compound medication Cyclobenzaprine 25, Flurbiprofen 25 %, 180 grams. This is a request for topical compound medication. Cyclobenzaprine is muscle relaxant and flurbiprofen is an NSAID. The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs: There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication (other than NSAID) is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not recommended by MTUS for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Compound medication- Cyclobenzaprine 25, Flurbiprofen 25 %, 180 grams is not fully established for this patient.