

Case Number:	CM13-0027546		
Date Assigned:	12/27/2013	Date of Injury:	06/06/2011
Decision Date:	02/26/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 35 year old injured worker with a date of injury of 06/06/2011. The listed diagnoses per [REDACTED] 07/31/2013 are epicondylitis medially and laterally on the left; cubital tunnel syndrome on the right; wrist joint inflammation with TFCC ligament tear on the right; onset of problems with regard to the wrist on the left; evidence of depression, sleep issues and stress; weight gain. According to the report dated 07/31/2013 by [REDACTED], patient presents with left elbow pain that is constant and 5/10 on the pain scale. The patient reports that pain increases to 9/10 with work when carrying items. The patient is noted to have some spasms with numbness and tingling daily. Objective findings show, right elbow extends to 180 and flexes to 170. Left elbow extends to 170 and flexes to 160. Strength in the right upper extremity equals to 5/5 and 4/5 on the left. This patient is status post Ulnar release on the left dated 08/29/2013. The treating physician submitted a request on 08/19/2013 for authorization for rejuveness, Zofran, Neurotin, Polar care unit and 1 pain catheter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rejuveness: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rejuveness.com . For Scar Management: AETNA Clinical Policy Bulletin:Hypertrophic Scars and Keloids and the ACOEM Guidelines, pg.491.

Decision rationale: The web source at www.rejuveness.com shows Rejuveness is a brand of scar management and natural skin care products that uses "the theoretical principal drawn from the keloid model of wound healing developed by its founder and president." ACOEM guidelines has the following regarding evidence based medicine on page 491. "Evidence based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients." For scar management, AETNA guidelines support intralesional 5-fluorouracil, cryotherapy or corticosteroids, but consider silicone products among others experimental and investigational. The request for rejuveness is not medically necessary and appropriate.

prescription of Neurontin 600mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anti-epilepsy drugs (AEDs).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines (pg 16,17) regarding anti-epileptic drugs for chronic pain states that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006). In this case, the patient presents with cubital tunnel syndrome, a problem of the Ulnar nerve and is a neuropathic condition. The request for Neurontin 600mg, quantity 20, is medically necessary and appropriate.

Polar Care unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG

Decision rationale: The Official Disability Guidelines (ODG) state the following regarding continuous-flow cryotherapy, "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated." The MTUS is clear on the duration of post operative use of continuous flow cryotherapy. The request for a Polar care unit is not medically necessary and appropriate.

pain catheter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Catheters can be inserted into a body cavity, duct, or vessel. Functionally, they allow drainage or administer fluids. The MTUS, ACOEM and ODG guidelines do not specifically discuss pain catheters. The Official Disability Guidelines (ODG) guidelines have the following regarding post-operative pain pumps: "Not recommended. Three recent moderate quality RCTs did not support the use of pain pumps." In addition, ODG guidelines have the following regarding Durable Medical Equipment: "Recommended generally if there is a medical need." The treating provider does not discuss why this patient requires pain medication to be administered via catheter over standard oral medications. The request for a pain catheter is not medically necessary and appropriate.