

Case Number:	CM13-0035643		
Date Assigned:	12/13/2013	Date of Injury:	10/31/2012
Decision Date:	09/03/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/17/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 applicant has filed a claim for chronic elbow and forearm pain reportedly associated with an industrial injury of October 31, 2012. Thus far, the applicant has been treated with the following, analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and topical compounds. The applicant's attorney subsequently appealed. On January 7, 2014, the applicant's primary treating provider, a chiropractor, placed the applicant off of work, on total temporary disability. X-rays of the left elbow, MRI imaging of the elbow, electrodiagnostic testing of the bilateral upper extremities, and physical therapy were all collectively sought. The applicant was given diagnoses of elbow epicondylitis, elbow neuralgia, and medial epicondylitis. 7-8/10 elbow pain was noted. The topical compounded medication in question was apparently sought via handwritten request for authorization form dated October 17, 2013. In a progress note dated October 12, 2013, the applicant presented with 10/10 elbow pain. Topical compounds were endorsed. The applicant was apparently placed off work while manipulative therapy, acupuncture, and physical therapy were all sought. The note was very difficult to follow. It appeared that the TENS/EMS device was also endorsed via request for authorization form on the same date.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF THE TOPICAL COMPOUND (CAPSAICIN, FLURBIPROFEN, TRAMADOL, MENTHOL AND CAMPHOR) 240G: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS ACOEM Guidelines in chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as the capsaicin-containing topical compound in question. No rationale for selection and/or ongoing usage of the compound in question was proffered by the attending provider. The handwritten progress notes provided did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS positions on the compound in question. Therefore, the request was not medically necessary.

ONE (1) TENS/EMS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation topic Page(s): 121.

Decision rationale: The electrical muscle stimulation (EMS) component of the unit represents EMS, a form of neuromuscular electrical stimulation (NMES). However, as noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular stimulation is recommended only in the post stroke rehabilitative context as opposed to the chronic pain context present here. Since one modality in the device is not recommended, the entire device is considered not recommended. Accordingly, the request is not medically necessary.

EXTRACORPOREAL SHOCKWAVE THERAPY (ESWT): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40.

Decision rationale: As noted in the MTUS ACOEM Guidelines in chapter 10, extracorporeal shock wave therapy is recommended against for elbow epicondylitis, the primary operating diagnosis here. No compelling applicant-specific rationale or medical evidence was furnished which would offset the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.