

Case Number:	CM13-0060264		
Date Assigned:	12/30/2013	Date of Injury:	07/10/2008
Decision Date:	07/03/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 51-year-old female who reported an injury on 07/10/2008. The mechanism of injury was not provided within the medical records. The clinical note dated 11/12/2013 indicated a diagnosis of right radial tunnel syndrome, right elbow tunnel syndrome, right elbow lateral epicondylitis, status post right elbow lateral epicondylotomy and radial tunnel decompression. The injured worker reported tenderness to the outer elbow. She had used the H-wave device and had reportedly done a home exercise program per physical therapy. The injured worker reported Dyotin had been helping. On physical exam, the injured worker's right elbow flexion was 110 degrees and extension was -2 degrees. There was tenderness to palpation to the lateral epicondyle JMAR left 35. The injured worker's prior treatments have included surgery and medication management. The submitted requests are for Dyotin SR 250mg #120, Dyotin SR 250mg #12 and right lateral epicondyle cortisone injection performed on 11/11/2013. The Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dyotin SR 250mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state Gabapentin (Dyotin) has been shown to be effective for first-line treatment for neuropathic pain. It has been given FDA approval for treatment of post-herpetic neuralgia. The documentation submitted did not indicate the worker had findings that would support the injured worker had diabetic neuropathy or postherpetic neuralgia. In addition, the request did not provide a frequency. The information provided failed to provide the efficacy of the medication to support continuation. Therefore, the request for Dyotin SR 250 mg #120 is not medically necessary and appropriate.

Dyotin SR 250mg #12 Dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state Gabapentin (Dyotin) has been shown to be effective for first-line treatment for neuropathic pain. It has been given FDA approval for treatment of post-herpetic neuralgia. The documentation submitted did not indicate the worker had findings that would support the injured worker had diabetic neuropathy or postherpetic neuralgia. In addition, the request did not provide a frequency. The information provided failed to provide the efficacy of the medication to support continuation. Therefore, the request for Dyotin SR 250 mg #12 is not medically necessary and appropriate.

Right Lateral Epicondyle Cortisone Injection Performed on 11/11/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 594.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) state There is good evidence that glucocorticoid injections reduce lateral epicondylar pain. Thus, if a non-invasive treatment strategy fails to improve the condition over a period of at least 3-4 weeks, glucocorticoid injections are recommended. There was a lack of objective pain relief and functional improvement within the documentation. Therefore, the request for right lateral epicondyle cortisone injection performed on 11/11/2013 is not medically necessary and appropriate.