

<b>Case Number:</b>	CM14-0007859		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 patient is a 42-year-old male who has filed a claim for lumbar sprain and lateral epicondylitis of the left elbow associated with an industrial injury date of August 10, 2012. Review of progress notes indicates left elbow pain and weakness secondary to the pain, and low back pain. Findings include tenderness over the medial and lateral epicondyle and decreased flexion. Left elbow MRI dated October 18, 2012 showed insertional tendinosis of the common flexor/extensor tendons with partial thickness interstitial tearing at the attachment sites, and mild distal triceps tendinosis around the olecranon insertion site. Treatment to date has included topical analgesics, physical therapy, cortisone injections to the elbow, hot and cold wraps, splinting, and TENS. Patient has been authorized to undergo left lateral epicondylar release. Utilization review from December 13, 2013 denied the requests for amoxicillin 875mg #20, Zofran 8mg #20, Neurontin 600mg #180, polar care unit rental for 21 days, and ReJuveness #1. Reasons for denial were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMOXICILLIN 875 MG #20:** 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 Other Medical Treatment Guideline or Medical Evidence: FDA (Amoxicillin); Clinical Practice Guidelines for Antimicrobial Prophylaxis in Surgery, American Society of Health-System Pharmacists, 2013.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, indications for use of amoxicillin is used for infections that are proven or strongly suspected to be caused by susceptible bacteria in infections of the ear, nose, throat, genitourinary tract, skin, lower respiratory tract; for gonorrhea; and as part of dual or triple therapy for H pylori. According to the Clinical Practice Guidelines for Antimicrobial Prophylaxis in Surgery, clean orthopedic operations do not need antibiotic prophylaxis. In this case, the patient has been authorized to undergo elective left lateral epicondylar release. This medication is not indicated as there is no documentation regarding current infection, and antibiotic prophylaxis is not recommended. Therefore, the request for amoxicillin 875mg #20 was not medically necessary.

**RUJUVENESS 1:** 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 Other Medical Treatment Guideline or Medical Evidence: ReJuviness Silicone Sheeting <http://www.rejuviness.com/c23/Silicone-Sheeting-c173.html>; Medscape: Widened and Hypertrophic Scar Healing Treatment & Management <http://emedicine.medscape.com/article/1298541-treatment#showall>.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Medscape was used instead. According to Medscape: Widening and Hypertrophic Scar Healing Treatment & Management, silicone gel can be used to treat abnormal scars. Silicone gel has been shown to significantly decrease scar volume when used over time. The silicone gel is applied to the wound for at least 12 h/d. However, skin breakdown, rashes, and difficulty with wound adherence can lead to disuse. Also, certain areas, such as the face, do not lend themselves to the easy use of such devices. An online search indicates that ReJuviness silicone sheets are used as preventive measures against scarring, and as scar therapies for hypertrophic and keloidal scars. In this case, there is no documentation regarding the predisposition of developing abnormal scars in this patient. Therefore, the request for ReJuviness 1 was not medically necessary.

**NEURONTIN 600 MG #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** As stated on pages 16-18 in the CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is useful for treating diabetic painful neuropathy and postherpetic neuralgia, and is considered first-line for neuropathic pain. There is no documentation of neuropathic pain, and there is also no indication that the patient will develop post-operative neuropathic pain. The request for this medication is not necessary at this time. Therefore, the request for Neurontin 600mg #180 was not medically necessary.

**ZOFRAN 8 MG #20:** 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) Pain chapter, Antiemetics (for opioid nausea).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, ondansetron is recommended for nausea and vomiting secondary to chemotherapy, radiation, and post operative use. Acute use is FDA-approved for gastroenteritis. It is not recommended for nausea and vomiting secondary to chronic opioid use. Although this patient will undergo left lateral epicondylar release, there is no indication that this patient will develop post-operative nausea and vomiting. The request for this medication is not necessary at this time. Therefore, the request for Zofran 8mg #20 was not medically necessary.

**POLAR CARE UNIT RENTAL 21 DAY:** 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) Elbow chapter, Cold packs.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, cold packs are recommended during the first few days. However, there is no guideline evidence supporting cold compression therapy for the elbow. Therefore, the request for polar care unit rental 21 days was not medically necessary.