

<b>Case Number:</b>	CM14-0155738		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/21/2001
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 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 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 59-year-old male with date of injury of 05/21/2001. The listed diagnoses per [REDACTED] from 08/27/2014 are: 1. Bilateral and medial epicondylitis. 2. Bilateral bicep tendinitis. 3. Right 1st carpometacarpal sprain. 4. Right intersection syndrome. According to this report, the patient complains of bilateral elbow, forearm, and wrist pain. He states that his right is 4/10, although left is 6/10 in severity. Occupational therapy has been helpful. The patient states that he has been using the Flector patch on a regular basis yet he still feels tingling and burning of the left more than the right forearm. He uses a TENS unit and has completed a successful trial which allowed him to sleep easier, move his arm better, and decrease his medication frequency. The examination show swelling over the left more than the right medial epicondyle region and the lateral epicondyle region. Hyperesthesia over the left more than right radial and median cutaneous nerve sites of the lateral and medial elbow. Pronator teres hypertrophy is present. Right 2nd more than 1st extensor tendon sensibility and swelling is noted. The patient is P&S. The utilization review denied the request on 09/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided injection to the left lateral/medial epicondyle: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 241. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines on cortisone injection for epicondylar pain

**Decision rationale:** This patient presents with bilateral elbow, forearm, and wrist pain. The treater is requesting an ultrasound-guided injection to the left lateral/medial epicondyle. The ACOEM Guidelines page 241 on corticosteroid injections states, "Corticosteroid injections have been shown to be effective, at least in the short-term; however, the evidence of long-term effect is mixed, some studies show high recurrence rate among injection groups." ODG Guidelines on cortisone injection for epicondylar pain states, "Under study. While there is some benefit in short-term relief of pain, patients requiring multiple corticosteroid injections to alleviate pain have a guarded prognosis for continued non-operative management. Corticosteroid injection does not provide any long-term clinically significant improvement in the outcome of epicondylitis, and rehabilitation should be the first-line of treatment in acute cases, but injections combined with work modification may have benefit." The records do not show any previous injection to the left lateral/medial epicondyle. It appears that the patient has tried other conservative treatments including occupational therapy and medications with limited benefit. In this case, a trial of cortisone injection is reasonable to assess its efficacy in terms of pain relief. Therefore, this request is medically necessary.

**Left median nerve block at the pronator teres:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.wheelessonline.com](http://www.wheelessonline.com)

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

**Decision rationale:** This patient presents with bilateral elbow, forearm, and wrist pain. The treater is requesting a left medial nerve block at the pronator teres. The guidelines do not specifically address this injection but ODG guidelines under pain injections in general recommend pain and functional improvement for repeat injections. Injection for median nerve is recommended on a trial basis as well. The treater would like to try injecting the medial nerve to address possible pronator teres syndrome which appears reasonable. Therefore, this request is medically necessary.

**Transcutaneous Electrical Nerve Stimulation (TENS) unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**Decision rationale:** This patient presents with bilateral elbow, forearm, and wrist pain. The treater is requesting a TENS unit. The MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality but a 1-month home-based TENS trial may be considered as a non-invasive conservative motion if used as an adjunct to a program of evidence-based functional restoration. The 08/27/2014 report notes that the patient has successfully completed TENS trial which, "allowed him to sleep easier, move his arm better, and decrease his medication frequency." The 08/29/2014 report shows that the treater is prescribing Vicodin for pain. In this case, while the patient reports benefit with the TENS unit use, it contradicts the statement, "decrease his medication frequency" when the treater prescribed Vicodin. It does not appear that the TENS unit is making a significant difference as the treater has asked for a narcotic. Therefore, this request is not medically necessary.

**Lidoderm 5% patches topical #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm Topical Analgesics Page(s): 111, 112, 56, 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG chronic pain chapter, Lidoderm® (lidocaine patch)

**Decision rationale:** This patient presents with bilateral elbow, forearm, and wrist pain. The treater is requesting Lidoderm patches 5% quantity 90. The MTUS Guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressant, or an AED such as Gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: neuropathic pain recommended for localized peripheral pain." When reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The records show that the patient was prescribed Lidoderm patches on 08/27/2014. In this case, MTUS recommends Lidoderm patches for patients presenting with localized, peripheral, neuropathic pain, which this patient does not present with. The treater does not mention how Lidoderm is used and with what efficacy either. Therefore, this request is not medically necessary.

**Vicodin 5/300mg #60 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

**Decision rationale:** This patient presents with bilateral elbow, forearm, and wrist pain. The treater is requesting Vicodin 5/300 mg quantity 60 with 1 refill. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patients likelihood of improvement, likelihood of abuse, et cetera. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records show that the patient has not tried Vicodin in the past. The 08/27/2014 report notes that the patient has utilized occupational therapy including Flector patches, yet he still feels tingling and burning in the left more than right forearm. The patient is also using a TENS unit which allows him to sleep easier, move his arm better, and decrease his medication frequency. In this case, the treater wants to trial Vicodin for the patient's chronic and persistent pain. It does not appear that TENS unit is making a significant difference as the treater has asked for additional medication. Given that the patient has not tried opiate, a trial may be reasonable given the patient's persistent symptoms. For on-going use, pain/function and opiates management documentation must be provided. Therefore, this request is medically necessary.