

<b>Case Number:</b>	CM14-0172529		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 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 45-year-old female with date of injury of 05/28/2013. The listed diagnoses from 10/08/2014 are: 1.Bilateral elbow lateral epicondylitis.2.Ulnar nerve injury (cubital tunnel syndrome, bilateral lower extremity).3.Depression. According to this report, the patient complains of frequent pain in her elbows traveling to her bilateral upper extremities which she describes as throbbing, aching, and pressure. She rates her pain 2/10. The patient also complains of numbness and tingling in the bilateral forearms, bilateral hands, and bilateral fingers. The examination of the elbow and forearm shows palpation reveals nonspecific tenderness at both elbows. Palpation indicates mild tenderness at the lateral epicondyle on the right with mild tenderness at the lateral epicondyle on the left. Tinel's sign is positive on both elbows. Palpation of the wrist reveals nonspecific tenderness at both wrists. Phalen's test is positive on both wrists. Reflexes for the biceps, triceps, and brachioradialis are normal bilaterally. The documents include an MRI of the right and left elbow from 09/08/2014. The utilization review denied the request on 09/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pil-O Splint for bilateral lower extremities:** Overturned

**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) Carpal Tunnel Syndrome Chapter on splinting

**Decision rationale:** This patient presents with elbow and bilateral upper extremity pain. The treater is requesting a Pil-O-Splint for the bilateral lower extremities. According to the 10/08/2014 report, the treater is requesting a Pil-O-Splint for the bilateral upper extremities for prophylactic purposes to avoid exacerbations of the current injury. The MTUS and ACOEM Guidelines do not address this request. However, ODG Carpal Tunnel Syndrome Chapter on splinting states, "Recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment. Use of daytime wrist splints has positive, but limited evidence. Splinting after surgery has negative evidence. When treating with a splint, there is scientific evidence to support the efficacy of neutral wrist splints in carpal tunnel syndrome (CTS), and it may include full-time splint wear instructions as needed, versus night-only." The treater notes on 10/08/2014 that a Pil-O-Splint was requested for "prophylactic purposes to avoid exacerbation of current injury." The records do not show that the patient has had a splint in the past. In this case, ODG does support the use of splint as a conservative option and the request is reasonable given the patient's persistent wrist pain.

**Pharmacy purchase of Relafen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications for chronic pain Page(s): 22.

**Decision rationale:** This patient presents with elbow and bilateral upper extremity pain. The treater is requesting Relafen 550 mg, quantity #60. The MTUS Guidelines page 22 on anti-inflammatory medications state that anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. MTUS Guidelines pages 60 and 61 on medications for chronic pain state that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Relafen on 04/23/2014. The 07/23/2014 report noted that the patient continues to complain of bilateral elbow and wrist pain. She rates her elbow pain 5/10 and wrist pain 6/10. There is mild tenderness at the lateral epicondyle of the bilateral elbows. Tinel's sign is positive. While MTUS recommends non-steroidal anti-inflammatory drugs (NSAIDs) for chronic pain, the treater does not document medication efficacy as it relates to the use of Relafen. The request is not medically necessary.