

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0044902 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 03/18/2013 |
| <b>Decision Date:</b> | 07/17/2014   | <b>UR Denial Date:</b>       | 03/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/10/2014 |

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 42-year-old male who reported an injury on 03/18/2013. The mechanism of injury was reported as repetitive motion. Previous treatments included physical therapy, elbow brace and sleeve and steroid injections in the elbow. Diagnosis included right lateral greater than medial epicondylitis. Within the clinical note dated 02/04/2014, the injured worker reported having one steroid injection into the elbow which provided no relief. Upon examination of the upper extremity, the provider indicated there was tenderness over the right lateral epicondyle and slightly over the right medial epicondylar area. He noted full range of motion of the shoulders, elbow, wrist, and fingers. The injured worker had negative carpal tunnel tests, negative grind tests, and a positive Finkelstein's test on the right. The provider requested myofascial therapy, deep trigger point massage, Lidoderm patch, and Voltaren gel. The provider requested myofascial therapy/deep trigger point massage to see if it would reduce the injured worker's elbow pain. Lidoderm was requested for the injured worker's neuropathic pain. The Request for Authorization was submitted on 02/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofascial therapy/ deep trigger point massage, 6 sessions regarding right lateral epicondylitis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine; Massage/Trigger Point Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**Decision rationale:** The request for myofascial therapy/deep trigger point massage, 6 sessions regarding right lateral epicondylitis is non-certified. The injured worker complained of chronic elbow pain. The California MTUS Guidelines recommend massage therapy as an option. The treatment should be used as an adjunct to other recommended treatment, and it should be limited to 4 to 6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term followup. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention, and treatment dependence should be avoided. There is no indication the injured worker planned to utilize massage therapy as an adjunct to other recommended treatment, such as exercise, to further improvement. The injured worker had full range of motion of the elbow with tenderness. The injured worker does not appear to have any functional deficits. Also, the provider noted there were no significant proximal soft tissue myofascial trigger points. Therefore, the request for myofascial therapy/deep trigger point massage, 6 sessions, regarding right lateral epicondylitis, is non-certified.

**Lidoderm 5% patch #30 with 2 refills, prescribed 2-4-14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**Decision rationale:** The request for Lidoderm 5% patch #30 with 2 refills prescribed on 02/04/2014 is non-certified. The injured worker complained of chronic elbow pain. The California MTUS Guidelines note topical lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical lidocaine in the formulation of a dermal patch, Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. There is a lack of documentation to indicate the injured worker was diagnosed with or had signs and symptoms of neuropathic pain. There is a lack of documentation indicating the injured worker had tried and failed first-line agents for management of neuropathic pain. The submitted request failed to provide the site of application. Therefore, the request for Lidoderm 5% patch #30 with 2 refills prescribed on 02/04/2014 is non-certified.

**Voltaren gel 1% 20mg. 5 boxex of 20mg, 2 refills, prescribed 2-4-14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request for Voltaren gel 1%, 20 mg, 5 boxes of 20 mg, 2 refills, prescribed on 02/04/2014 is non-certified. The injured worker complained of chronic elbow pain. The California MTUS Guidelines note topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines note any compounded product that contains at least 1 drug that is not recommended is not recommended. Topical analgesics (NSAIDs) are indicated for osteoarthritis and tendonitis, in particular, that of the knee and/or elbow and other joints that are amenable to topical treatment. The guidelines recommend topical analgesics(NSAIDs) for short-term use of 4 to 12 weeks. The guidelines also state, there is no evidence to support the use of topical NSAIDs for neuropathic pain. There is a lack of documentation indicating the injured worker to have signs and symptoms of osteoarthritis. The submitted request does not provide the treatment site. Therefore, the request for Voltaren gel 1% 20 mg, 5 boxes of 20, with 2 refills, prescribed on 02/04/2014, is non-certified.