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| <b>Case Number:</b>   | CM14-0070105 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 06/01/2009 |
| <b>Decision Date:</b> | 09/10/2014   | <b>UR Denial Date:</b>       | 04/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/15/2014 |

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 65-year-old female who reported an injury on 06/01/2009 due to an unknown mechanism. Diagnoses were lateral epicondylitis, bilateral elbows, and osteoarthritis, bilateral wrist. Past treatments have been injections of cortisone to bilateral elbows and to the right wrist. Diagnostic study was an MRI of the left elbow 02/2013 that demonstrated thickening of the extensor and flexor, and tendon. Surgical history was not reported but on examination it was noted that a well-healed surgical scar about the lateral right elbow. The injured worker had a physical examination on 06/06/2014 with complaints of bilateral elbow pain and bilateral wrist pain. The injured worker indicated that her symptoms have not resolved as she continued to experience pain. Examination of the elbows revealed swelling about the lateral epicondyle bilaterally. There was point tenderness upon palpation about the lateral epicondyle bilaterally. Range of motion for the right elbow flexion was to 140 degrees, and flexion to the left was 140 degrees. Examination of the wrist revealed no swelling or deformity. There was point tenderness upon palpation about the volar aspect bilaterally. Crepitus and pain were noted with motion bilaterally. Range of motion was normal bilaterally. Medications were Soma 350 mg, Percocet 10/325 mg, Protonix 20 mg and Relafen 750 mg. The treatment plan was for Toradol 15 mg IM injection which was given, dexamethasone 10 mg IM injection given, Depo-Medrol 80 mg IM injection given. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Elbow Sleeve, Dispensed 3/24/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27-28, 33-40.

**Decision rationale:** The ACOEM Guidelines indicate that several studies have been reviewed and it was concluded that brace treatment might be useful as initial therapy. Combination therapy has no additional advantage compared to physical therapy but is superior to brace only for the short term (6 weeks). Quality studies are available on epicondylalgia supports an acute, subacute, and chronic lateral epicondylalgia patients, although the brace is most commonly used in research studies, are not widely used in the U.S. There is evidence of benefits. However, these options are low-cost, have few side effects, and are not invasive. Thus, while there is insufficient evidence to support their use, they are recommended. Patients in clinical settings may be more severe and may require prescription analgesics as first line treatments. If the treatment response is inadequate, such that symptoms and activity limitations continue, prescribed pharmaceuticals, orthotics, or physical methods can be added. Conservative care often consists of activity modification using epicondylalgia supports (tennis elbow bands), and NSAIDS with standard precautions on potential side effects. Past conservative care modalities were not reported. The medical necessity for the request was not submitted. Due to lack of information on previous conservative care modalities, the request for Left Elbow Sleeve, Dispensed 3/24/14 is not medically necessary.

**Toradol 60 mg Injection, IM, Administered 3/24/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68,72.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 48.

**Decision rationale:** The California ACOEM states injections of opioids are never indicated except for conditions involving acute or severe trauma when it pertains to the elbow. Due to the recommendations by the guidelines, the request for Toradol 60 mg Injection, IM, Administered 3/24/14 is not medically necessary.

**Lorcet 10/650 mg #120, Dispensed 3/24/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Lorcet for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The efficacy of the medication was not reported. The request submitted also does not indicate a frequency for the medication. Therefore, the request for Lorcet 10/650 mg #120, Dispensed 3/24/14 is not medically necessary.

**Relafen 750 mg #60, Dispensed on 3/24/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-73.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that Relafen is a non-steroidal anti-inflammatory drug (an NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDS for the shortest duration of time consistent with the individual patient treatment goals. Previous conservative care modalities were not submitted for review. Also, the request does not indicate a frequency for the medication. Therefore, the request for Relafen 750 mg #60, Dispensed on 3/24/14 is not medically necessary.