

Case Number:	CM14-0082199		
Date Assigned:	07/21/2014	Date of Injury:	12/07/2012
Decision Date:	08/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/03/2014

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 56-year-old male who sustained an injury to his right elbow on 12/07/2012. He has received a cortisone injection on the right lateral epicondyle on 12/13/2012 which offered temporary relief of symptoms. Diagnostic studies reviewed include MRI of the right elbow dated 02/16/2013 revealed severe degenerative osteoarthritis of the right elbow joint including radiocapitellar and ulnar trochlear joints. On the addendum of the doctor's first report dated 05/02/2014, the patient presented for an evaluation regarding his right elbow and right upper extremity injury as well as an aggravation of his diabetes and high blood pressure. The patient was noted as having heartburn, sinus trouble, stiffness in his muscles with pain, and loss of strength. He has a diagnosis of high blood pressure (2003) and diabetes mellitus (2003). There are no measurable findings documenting any red flags in the patient's blood pressure or blood sugars. Ortho note dated 05/12/2014 states the patient presented for an evaluation of his right elbow. On exam, the elbow range of motion, right/left, revealed flexion to 130/140; pronation to 70/80; and supination to 80/80. He has 5/5 strength in all muscle planes. He has positive pain on resisted long finger extension. He has lateral epicondylitis of the elbow according the UR. There is no other evidence of Ultracin use. Prior utilization review dated 05/28/2014 states the request for internal medicine consultation is denied as there is no evidence warranting an internal medicine consult; Ultracin topical gel is denied as there is no documented evidence of failed first line topical agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, Section: Pain (Chronic).

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

Decision rationale: According to the MTUS guidelines, specialist referrals are indicated when a diagnosis is complicated or patient care may benefit from additional expertise. In this case, medical records indicate the patient was diagnosed with diabetes, hypertension and thyroid problems in 2003. He also has pre-existing asthma, sleep apnea, history of drug abuse and alcoholism, history of stroke, history of pulmonary embolus, depression, kidney disease, ulcer, high cholesterol, arthritis, and heart disease. Aggravation of pre-existing diabetes and hypertension by several work-related injuries is asserted by the primary treating physician, [REDACTED]. A separate physician, [REDACTED], apparently maintains that a right elbow corticosteroid injection on 12/7/12 aggravated the patient's underlying diabetes and led to a pulmonary embolus in January 2013. The patient's diabetes and pulmonary embolus are felt to be at MMI. Ongoing treatment is requested for diabetes and hypertension on an industrial basis. However, the patient's multiple pre-existing internal medicine conditions including diabetes, hypertension, and history of pulmonary embolus appear to be stable and presumably under the patient's private insurance treatment. As such, additional consultation by an internist does not appear to be warranted from a medical standpoint at this time.

Ultracin topical gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=3b0612ee-95e2-42f5-b671-00029bb5da95>.

Decision rationale: This is a request for Ultracin topical gel, which contains Methyl salicylate, Capsaicin, and Menthol, to treat tendinitis for a 56-year-old male, who cannot tolerate oral NSAIDs, with chronic right elbow pain and severe right elbow osteoarthritis, among other musculoskeletal maladies. However, according to the MTUS guidelines, topical NSAIDs are only recommended for short-term treatment of 4-12 weeks, whereas the patient appears to be prescribed this medication on a chronic basis. Medical records do not support an exception to this recommendation as clinically significant functional improvement from use of this topical medication is not evident. Medical necessity for the request is not established.

