

Case Number:	CM14-0202024		
Date Assigned:	12/12/2014	Date of Injury:	11/05/2004
Decision Date:	02/04/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/02/2014

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:

This 61-year old male with a cumulative trauma injury from work which was reported on 5 Nov 2004. These injuries have caused pain in his neck, back, upper extremities and hip. He has been diagnosed with overuse syndrome of upper extremities and chronic lateral epicondylitis right arm. Comorbid conditions include migraine headaches. At the last provider visit on 28 Aug 2014 he complained of lateral right elbow pain exacerbated with any gripping or grasping. Exam showed tenderness over the lateral epicondyle extensor muscle mass and pain with wrist extension against resistance. No studies were reported in the medical notes available for review. He was treated at his last visit with cortisone injection of the right elbow. Other treatment has included surgery (bilateral medial epicondylectomy and ulnar nerve decompression, and a carpal tunnel release of the right wrist), physical therapy, stretching, ice, tennis elbow splint and medication (lidocaine/flurbiprofen cream, Voltaren).

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89, Chronic Pain Treatment Guidelines Page(s): 11.

Decision rationale: The MTUS guidance for directing re-evaluation relates to general principles of patient care. Stepping back from what is presently being done to re-assess the therapeutic effect of the present treatment is recommended. In fact, it is probably the standard of care in most medical communities. This is especially important in managing the patient with delayed recovery and to document the patient's current state of function. However, the provider managing the case must be sure that studies recommended by this re-evaluation are clinically indicated. This patient has been provided care for over a year and still has significant symptomatology, thus this request for a re-evaluation is medically necessary.

Topical Compound (Lidocaine 5%/Flurbiprofen 20%) 120 grams x2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 21, Chronic Pain Treatment Guidelines Page(s): 56, 72, 111-13.

Decision rationale: Lidocaine-flurbiprofen cream is a combination product formulated for topical use. It is made up of lidocaine, an anesthetic and flurbiprofen, a non-steroidal anti-inflammatory (NSAIDs) medication. The use of topical agents to control pain is considered by the MTUS to be an option although it is considered largely experimental, as there is little to no research to support their use. NSAIDs have been effective topically in short term use trails for chronic musculoskeletal pain but long term use has not been adequately studied. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. It is important to note that the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since this patient does not have neuropathic pain, the Topical Compound (Lidocaine 5%/Flurbiprofen 20%) 120 grams x2 refills is not medically necessary.

Retro Cortisone Injection (Kenaolog and Lidocaine) right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 3 Initial Approaches to Treatment Page(s): 48; 22-3, 31-2, 41, 46.

Decision rationale: There is limited research-based evidence or random controlled studies to endorse or disapprove use of corticosteroid injections for care of pain in elbows from epicondyle inflammation. Meta-analyses have shown that steroid injections into the elbow consistently demonstrate short-term pain relief better than physical therapy or the "wait-and-see" approach but long-term pain relief is worse than either physical therapy or a "wait-and-see" approach and there is a high rate of return of pain among those injected. However, according to ACOEM, if a

non-invasive treatment strategy fails to improve the problem over a period of at least 4 weeks then steroid injections are recommended. Conservative treatment did fail to control the patient's symptoms and the treatment given to the patient was in keeping with the present MTUS guidelines. The Retro Cortisone Injection (Kenaolog and Lidocaine) right elbow is medically necessary.