

Case Number:	CM15-0003473		
Date Assigned:	01/14/2015	Date of Injury:	11/28/2011
Decision Date:	03/16/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

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 61 year old male, who sustained an industrial injury on 11/28/2011. The diagnoses have included status post open reduction and internal fixation right distal humerus, upper extremity chronic regional pain syndrome, and right wrist with mild carpal tunnel syndrome. Treatments to date have included surgery, home exercise program, and medications. Diagnostics to date have included abnormal electromyography and nerve conduction studies of the right upper extremity on 10/23/2014 and Computed Tomography of the right elbow on 10/16/2014 showed chronic appearing fracture deformities of the medial and humeral epicondyles status post open reduction and internal fixation and at the level of the cubital tunnel there is a small osteophyte arising posteriorly off the medial humeral epicondyles. In a progress note dated 12/03/2014, the injured worker presented with complaints of continued pain to right elbow and the treating physician reported that he will discuss diagnostic study results requested by [REDACTED] to pursue surgery. Utilization Review determination on 12/09/2014 non-certified the request for Anaprox DS 550mg #60, Medrox Ointment 120ml, and Surgery Consultation Rvl with [REDACTED] in consideration of Right Upper Extremities Surgery citing Chronic Pain Medical Treatment and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 271.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 10 Elbow Complaints (Revised 2007) Table 11-7 Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints (Page 40) indicates that NSAIDs are recommended for elbow complaints. The orthopedic agreed medical examiner report dated October 27, 2014 documented the operative report dated 12/14/11 which documented the performance of open reduction internal fixation right distal humerus fracture with olecranon osteotomy, and right ulnar nerve transposition. Diagnoses were right intra-articular distal humerus fracture and ulnar nerve palsy. The orthopedic agreed medical examiner report dated October 27, 2014 documented the recommendation that the patient does require further treatment for his right elbow. The orthopedic surgeon recommended that the patient be seen by a hand and upper extremity specialist for evaluation and treatment of the right elbow condition. The patient may require a capsular release in his right elbow. Electrodiagnostic studies dated October 23, 2014 demonstrated moderately severe right ulnar neuropathy at the elbow. Anaprox DS 550 mg was requested. ACOEM guidelines recommends NSAIDs for elbow conditions, and supports the Anaprox DS prescription. Therefore, the request for Anaprox DS 550 mg is medically necessary.

Medrox ointment 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113. NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.. Decision based on Non-MTUS Citation FDA Prescribing Information Medrox <http://www.drugs.com/pro/medrox-rx-ointment.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical

NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. Capsaicin is only an option in patients who have not responded or are intolerant to other treatments. Medrox is a topical analgesic, containing Capsaicin 0.0375%, Methyl Salicylate 5%, and Menthol 5%. The progress report dated December 3, 2014 documented a prescription for Anaprox DS. There is no documentation that the patient has not responded or is intolerant to other treatments. This is a requirement for the use of topical Capsaicin. Per MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines and medical records do not support the medical necessity of topical Medrox ointment. Therefore, the request for Medrox ointment is not medically necessary.

Surgery consult Rvl with [REDACTED] in consideration of right upper extremities surgery:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Pain Procedure Summary (updated 11/21/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The orthopedic agreed medical examiner report dated October 27, 2014 documented the operative report dated 12/14/11 which documented the performance of open reduction internal fixation right distal humerus fracture with olecranon osteotomy, and right ulnar nerve transposition. Diagnoses were right intra-articular distal humerus fracture and ulnar nerve palsy. The orthopedic agreed medical examiner report dated October 27, 2014 documented the recommendation that the patient does require further treatment for his right elbow. The orthopedic surgeon recommended that the patient be seen by a hand and upper extremity specialist for evaluation and treatment of the right elbow condition. The patient may require a capsular release in his right elbow. Medical records document significant upper

extremity pathology that may benefit from the expertise of a specialist. The request for speciality referral and consultation is supported by MTUS and ACOEM guidelines. Therefore, the request for surgery consultation for consideration of right upper extremities surgery is medically necessary.