

Case Number:	CM15-0005907		
Date Assigned:	01/26/2015	Date of Injury:	12/23/2013
Decision Date:	04/02/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/12/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old who has filed a claim for chronic elbow, shoulder, and arm pain reportedly associated with an industrial injury of December 23, 2013. On January 12, 2015, the claims administrator failed to approve requests for topical Ultracin lotion and MRI imaging of the elbow. The claims administrator referenced a progress note of December 10, 2014 in its determination. The applicant's attorney subsequently appealed. On June 13, 2014, the applicant was given a rather proscriptive 10-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. On August 6, 2014, the Ultracin lotion was endorsed, along with a request for lumbar MRI imaging. The applicant was working light duty as of August 12, 2014, it was suggested. Large portions of the progress note were difficult to follow and not entirely legible. The applicant's complete medication list was not apparently detailed. On November 14, 2014, Ultracin lotion, MRI imaging of the elbow, and a pain management consultation were endorsed. It was suggested that the applicant was working with limitations in place. The applicant was given various diagnoses, including cervical strain and cervical radiculitis. It was not clearly stated for what diagnosis the attending provider was seeking MRI imaging of the elbow. The attending provider did state, in another section of the note, that the applicant carried a diagnosis of elbow epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34, 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42 Occupational Medicine Practice Guidelines.

Decision rationale: No, the request for MRI imaging of the right elbow was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 10, Table 4, page 42, MRI imaging is "recommended against" for applicants with suspected epicondylalgia, as appears to be present here. Here, the attending provider did not furnish a clear or compelling applicant-specific rationale for the request so as to offset the seemingly unfavorable ACOEM position on the article at issue. There was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed elbow MRI and/or consider surgical intervention based on the outcome of the same. The fact that the attending provider had sought multiple MRI studies, including MRI imaging of the lumbar spine, significantly reduced the likelihood that the applicant is acting on the results of the proposed elbow MRI and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

Ultracin topical lotion 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 28 of 127. Decision based on Non-MTUS Citation DailyMed - ULTRACIN- menthol, methyl salicylate and dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=3b0612ee-95e2. Label: ULTRACIN-menthol, methyl salicylate and capsaicin lotion.

Decision rationale: Similarly, the request for Ultracin, a topical compounded agent, was not medically necessary, medically appropriate, or indicated here. Per the National Library of Medicine (NLM), Ultracin is an amalgam of capsaicin, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, there was/is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Ultracin lotion at issue. Therefore, the request was not medically necessary.

