

<b>Case Number:</b>	CM15-0132042		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	06/08/2015
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, 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 42-year-old male, with a reported date of injury of 06/08/2015. The mechanism of injury was while using a leaf blower while walking backwards, he tripped over a cable box. He fell backwards hitting his left elbow and fell on the ground. The injured worker's symptoms at the time of the injury included left elbow pain. The diagnoses include intra-articular minimally displaced left radial head fracture, minimally displaced fracture of the coronoid process of the left elbow, intra-articular fracture fragment volar joint recess in the left elbow, and status post trip and fall. Treatments and evaluation to date have included physical therapy, a splint, and arm sling. The diagnostic studies to date included x-rays of the left arm; and a CT scan of the left arm on 06/22/2015 which showed a minimally displaced fracture of the radial head and coronoid process. The doctor's first report dated 06/24/2015 indicates that the injured worker had left elbow pain and swelling. The symptoms were aggravated by movement of the left elbow. The objective findings include swelling, redness in the antecubital fossa, no muscle spasm, left elbow flexion at 115, left elbow extension at -55 degrees, left elbow supination at 30 degrees, and left elbow pronation at 60 degrees. It was noted that the x-ray of the left elbow showed intra-articular minimally displaced fracture of the radial head, small minimally displaced fracture of the tip of the coronoid process, bony fragment present in the volar joint likely from coronoid process. The treatment plan included a prescription for Norco 10/325mg #60, one tablet every six hours as needed for pain; discontinuation of the splint; continuation of sling and daily home exercises; physical therapy twice a week for four weeks to the left elbow; a new prescription for topical cream: Flurbiprofen-Lidocaine-Baclofen-

Cyclobenzaprine cream to be applied to the affected area; and Multi Stim unit plus supplies as a monthly rental to help in pain reduction, reduction of swelling, and to accelerate rehabilitation. It was noted that the injured worker continued to complain of pain, was experiencing chronic soft tissue inflammation, and had already trialed other forms of conservative treatment. He was unable to perform his usual work. The injured worker work status was modified with no use of the left upper extremity. There were no physical therapy reports from prior to the Utilization Review decision. The urine toxicology report dated 07/01/2015 indicates that opioids were not detected. The treating physician requested Norco, a Multi Stim unit plus supplies, Flurbiprofen-Lidocaine-Baclofen-Cyclobenzaprine cream, and eight physical therapy sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Multi Stim unit plus supplies for 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic): Electrical stimulation (E-STIM) (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy and Interferential Current Stimulation Page(s): 114-120.

**Decision rationale:** The CA MTUS Guidelines indicate that electrotherapy is the therapeutic use of electricity and is another mode that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy in which electrical stimulation is applied to the surface of the skin. There are many forms/types of electrotherapy; Multi Stim is interferential current stimulation. The medical records do not clearly indicate the specific site of application for use. The guidelines indicate that interferential current stimulation is not recommended as an isolated intervention. The guidelines also indicate that while not recommended as an isolated intervention, interferential current stimulation is possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures. If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There is no evidence of any of the criteria for use in the medical records. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. There is no documentation of any of these items as recommended by the guidelines. Therefore, the request for a Multi Stim unit and supplies is not medically necessary.

**One transdermal cream: Flurbiprofen 15%-Lidocaine 5%-Baclofen 2%-Cyclobenzaprine 2%, 360gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 2, 22. Decision based on Non-MTUS Citation ODG, Pain (Chronic): Topical analgesics (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no evidence of neuropathic pain or of a trial of an antidepressant or anticonvulsant as first-line therapy. The compounded medication contains Flurbiprofen, a non-steroidal anti-inflammatory agent (NSAID), Lidocaine, Baclofen, and Cyclobenzaprine. MTUS indicates that topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to use topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The site of application was not specified. Note that topical Flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The only FDA-approved topical NSAIDs are diclofenac formulations. All other topical NSAIDs are not FDA approved. The guidelines state that topical Lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Topical Lidocaine other than Lidoderm is not recommended per the MTUS. The form of Lidocaine requested in this case is not Lidoderm. Baclofen in topical form is not recommended by the guidelines. Cyclobenzaprine is a muscle relaxant. The guidelines state that "there is no evidence for the use of any other muscle relaxant as a topical product." According to the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. None of the medications in this compounded topical product are recommended by the guidelines. The request does not meet guideline recommendations. Therefore, the request for Flurbiprofen- Lidocaine-Baclofen-Cyclobenzaprine cream is not medically necessary.

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that Norco (hydrocodone and acetaminophen) is recommended for moderate to moderately severe pain. The injured worker has been taking Norco since at least 06/2015. The MTUS Guidelines state that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended

by the guidelines. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. A random drug test was performed; however, an opioid contract was not discussed. There is no evidence of significant pain relief or increased function from the opioids used to date. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Norco is not medically necessary.

**8 physical therapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 15. Decision based on Non-MTUS Citation ODG, Elbow (Acute & Chronic): Physical therapy (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Physical Therapy.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines recommend passive and active therapy. Passive therapy can provide short-term relief during the early phases of pain treatment; control symptoms of pain, inflammation, and swelling; and help improve the rate of healing soft tissue injuries. Active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can relieve discomfort. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and myositis, 9-10 visits over 8 weeks are recommended; for neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended; and for reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks are recommended. The non-MTUS Official Disability Guidelines (ODG) recommend physical therapy for the elbow. For fracture of the radius or ulna, the guidelines recommend 16 visits over 8 weeks as post-surgical treatment. The injured worker had not had surgery on the left elbow as of yet. There was documentation that the future medical care included surgery of the left elbow arthrotomy and removal of fracture fragment if the symptoms or motion failed to improve with physical therapy and conservative treatment. There is documentation that the injured worker already participated in physical therapy; however, the total amount of physical therapy sessions already provided was not indicated. The request may exceed guideline recommendations. Therefore, the request for 8 physical therapy sessions to the left elbow is not medically necessary.