

<b>Case Number:</b>	CM15-0162019		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	09/05/2002
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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, California  
 Certification(s)/Specialty: Emergency 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 76 year old male, who sustained an industrial injury on 9-5-02. The injured worker was diagnosed as having right radial tunnel syndrome. Treatment to date has included physical therapy, activity modification, cortisone injections, oral medications including Tramadol 50mg, Naproxen 550mg and Omeprazole 20mg; and home exercise program. (EMG) Electromyogram studies of upper extremities performed on 6-23-15 revealed bilateral mild median neuropathies at wrists. Currently on 7-3-15, the injured worker complains of right lateral elbow-proximal forearm pain rated 7 out of 10. Work status is noted to be temporarily partially disabled. Physical exam performed on 7-3-15 revealed tenderness at proximal forearm extensors, pain with wrist extension against resistance and tenderness of right lateral upper condyle. The treatment plan included continued request for shockwave therapy of right lateral elbow, (MRI) magnetic resonance imaging of right elbow, request for approval of topical compound, continuation of Tramadol and naproxen and urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**5 sessions of Extracorporeal Shockwave Therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Extracorporeal shockwave therapy, elbow.

**Decision rationale:** CA MTUS is silent on this topic. ODG states extracorporeal shockwave therapy is not recommended. The value for lateral elbow pain cannot be confirmed or excluded. Recent studies do not feel it may with tennis elbow after failure of other treatments. At this time shockwave cannot be recommended for epicondylitis even though it has very few side effects. Criteria for use of extracorporeal shockwave therapy: patients whose pain from lateral epicondylitis has remained despite 6 months of standard treatment, at least 3 conservative treatments have been performed; it is contraindicated in patients who have had physical therapy in the past 4 weeks and a maximum of 3 therapy sessions over 3 weeks. In this case, it is not recommended due to guidelines recommending against it due to ineffectiveness and 5 sessions is over the recommended criteria. The request is not medically necessary.

**Topical Compound Ketoprofen 10%, Gabapentin 6%, Bupivacaine HCL 5%, Baclofen 2%, Cyclobenzaprine HCL 2%, Clonidine HCL 0.2% and Sodium Hyaluronate 0.2% 300g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Many agents are compounded as monotherapy or in combination for pain control (for example including, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics and/or antidepressants). Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic compound contains: Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 10%, Cyclobenzaprine HCL 2%, Clonidine HCL 0.2% and Sodium Hyaluronate 0.2%. In this case, there is no documentation provided necessitating this compounded topical analgesic. There is no documentation of intolerance to other previous oral medications. Gabapentin is not recommended as a topical agent per CA MTUS Guidelines, Cyclobenzaprine is not FDA approved for topical application, Ketoprofen is not FDA approved for topical application and has an extremely high incidence of photo contact dermatitis and Baclofen is not recommended. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

**Retrospective: Urine Drug Screen (DOS: 07/03/2015):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** According to CA MTUS, steps to avoid misuse-addiction of opioids include these steps; frequent random urine toxicology screen, limitation of prescribing and filling of prescriptions to one pharmacy and signed opioid contracts. In this case, documentation is not submitted to indicate previous urine toxicology screening. In addition, evidence was not submitted to indicate the injured worker was at high risk for drug abuse. A request for urine drug screening was approved one month prior, there is documentation to support the injured worker would require another one month later as there was no evidence to indicate he was at high risk for drug abuse. The request for urine toxicology screen is not medically necessary.