

<b>Case Number:</b>	CM15-0164815		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: 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 injured worker is a 50-year-old female, who sustained an industrial injury on 10-7-13. The injured worker has complaints of bilateral shoulder, bilateral wrists and hands pain. The documentation noted positive crepitus and decreased range of motion. The diagnoses have included sprain of neck. Treatment to date has included norco; left shoulder arthroscopic and magnetic resonance imaging (MRI) of the left shoulder on 12-30-13 showed rotator cuff tendinosis with partial tear. The request was for norco 10-325mg #60; random urine drug screen quantity 1; right elbow medial epicondyle injection quantity 1; right elbow lateral epicondyle injection quantity 1 and ultrasound guidance for elbow injection quantity one. Several documents within the submitted medical records are difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** 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): Opioids for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off narcotic. Norco 10/325mg #60 is not medically necessary.

**Random Urine Drug Screen Qty: 1.00:** 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): Drug testing.

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Random Urine Drug Screen Qty: 1.00 is not medically necessary.

**Right elbow medial epicondyle injection Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow chapter. updated 06/23/15.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Injections (corticosteroid).

**Decision rationale:** According to the Official Disability Guidelines, corticosteroid injections are not recommended as a routine intervention for epicondylitis, based on recent research. In the past a single injection was suggested as a possibility for short-term pain relief in cases of severe pain from epicondylitis, but beneficial effects persist only for a short time, and the long-term outcome could be poor. Detailed evidence of a recent comprehensive conservative treatment protocol trial and failure has not been submitted. Right elbow medial epicondyle injection Qty: 1.00 is not medically necessary.

**Right elbow lateral epicondyle injection Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow chapter. updated 06/23/15.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Injections (corticosteroid).

**Decision rationale:** According to the Official Disability Guidelines, corticosteroid injections are not recommended as a routine intervention for epicondylitis, based on recent research. In the past, a single injection was suggested as a possibility for short-term pain relief in cases of severe pain from epicondylitis, but beneficial effects persist only for a short time, and the long-term outcome could be poor. Detailed evidence of a recent comprehensive conservative treatment protocol trial and failure has not been submitted. Right elbow lateral epicondyle injection Qty: 1.00 is not medically necessary.

**Ultrasound guidance for elbow injection Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow chapter. updated 06/23/15.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Ultrasound (diagnostic).

**Decision rationale:** The Official Disability Guidelines recommend ultrasound of the elbow. Ultrasonography is a dynamic process and is accurate in detecting tendon injuries. The ulnar nerve is also easily visualized. Right elbow lateral and medial epicondyle injections have been denied, therefore, Ultrasound guidance for elbow injection Qty: 1.00 is not medically necessary.