

<b>Case Number:</b>	CM15-0169389		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	02/24/2010
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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 53 year old female who sustained an industrial injury on 02-24-2010. Mechanism of injury was cumulative. Diagnoses include right and left medial and lateral epicondylitis as well as mild cubital tunnel syndrome. A physician progress note dated 07-28-2015 documents the injured worker has complaints of right shoulder, elbow and right wrist pain. He recently went to the Emergency Department for an elevated blood pressure with bleeding in her right eye. On examination he has tenderness to palpation of the medial greater than lateral epicondyle. He has a positive Tinel's, and elbow flexion was 130 degrees and extension was 0. Her right wrist revealed a positive Finkelstein's and moderate crepitus of the CMC joint. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included medications. The treatment plan includes Neurontin 300mg, quantity 90. On 08-08-2015 the Utilization Review modified the requested treatment for Ultrasound of the right elbow to 1 right DeQuervain's injection between 07-28-2015 and 11-01-2015. ODG states that ultrasound guidance is not generally recommended. Conventional anatomical guidance by an experienced clinician is generally adequate. Ultram extended release 150mg quantity 30 was modified to Ultram ER 150mg #20 between 07-28-2015 and 11-01-2015 for tapering. Guidelines require evidence of functional improvement with the use of Ultram. Without evidence of functional improvement with the prior use of Ultram, continuation is not warranted. Right carpal metacarpal injection under ultrasound guidance was non-certified. The injured worker has been diagnosed with first carpometacarpal osteoarthritis. It should be noted that a concurrent request for right DeQuervain's injection was recommended for certification and this injection for DeQuervain's tenosynovitis may provide additional benefit

benefit for the pain in patients with CMC joint. A right DeQuervain's injection under ultrasound guidance non-certified the request for Ultrasound of the right elbow between 07-28-2015 and 11-01-2015. Guidelines through ODG require non-diagnostic plain films prior to pursuing diagnostic ultrasound of the elbow. There were no x rays found in documents submitted for review. In addition ODG states that ultrasound has high sensitivity but low specificity in the detection of symptomatic lateral epicondylitis.

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

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

#### **1 right Dequervains injection under ultrasound guidance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Injection.

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

**Decision rationale:** According to the Official Disability Guidelines, hand and wrist injections are recommended for hypertrophic scars, keloids, trigger finger, and de Quervain tenosynovitis. Corticosteroid injections are 83% curative for de Quervain's tenosynovitis, with the highest cure rate vs. the use of non-steroidal anti-inflammatory drug therapy (14%), splinting (0%), or combination therapy (0%). The review found one controlled clinical trial of 18 participants that compared one steroid injection with methylprednisolone and bupivacaine to splinting with a thumb spica for de Quervain's tenosynovitis. All patients in the steroid injection group achieved complete relief of pain whereas none of the patients in the thumb spica group had complete relief of pain. The original reviewer approved this request with the exclusion of the ultrasound guidance. The injection alone is recommended but not ultrasound guidance. One right Dequervains injection under ultrasound guidance is not medically necessary.

#### **Ultram extended release 150mg quantity 30: 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. Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Ultram ER can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. There is no documentation supporting any functional improvement with the continued long-term use of opioids. The examination findings provided no objective or quantitative measure of pain to determine severity. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Ultram extended release 150mg quantity 30 is not medically necessary.

**Right Carpal metacarpal injection under ultrasound guidance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hand/Finger Osteoarthritis, James D. McDermott, MD, et al.

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

**Decision rationale:** According to the Official Disability Guidelines, hand and wrist injections are recommended for hypertrophic scars, keloids, trigger finger, and de Quervain tenosynovitis. Injection of the carpal metacarpal joint for arthritis is not supported by the Guides. Right Carpal metacarpal injection under ultrasound guidance is not medically necessary.

**Ultrasound of the right elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ultrasound diagnostic.

**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 stipulate that non-diagnostic plain film radiographs of the elbow are necessary prior to pursuing a diagnostic ultrasound. Even though an ultrasound is recommended, the radiographs were not supplied for review. Therefore, this request is not medically reasonable and necessary at this time. Ultrasound of the right elbow is not medically necessary.