

Case Number:	CM15-0181409		
Date Assigned:	09/30/2015	Date of Injury:	10/27/2013
Decision Date:	12/07/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/15/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 47 year old female, who sustained an industrial injury on October 27, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having right cubital tunnel syndrome and right medial epicondylitis of the elbow. Treatment to date has included diagnostic studies, physical therapy, exercise and medication. In consultation report dated April 27, 2015, notes stated that there was a successful trial of topical antiepileptic drug that facilitated improved tolerance to a variety of activity. An oral antiepileptic drug and antidepressant were noted to be failed due to lethargy and nausea. On July 27, 2015, the injured worker complained of right medial elbow and forearm pain rated a 6 on a 1-10 pain scale. He reported a decline in activity and function involving his right upper extremity. Physical examination revealed tenderness of the right medial elbow at cubital tunnel. Spasm of the forearm musculature was decreased. Tinel's was noted to be positive at cubital tunnel. The treating physician was awaiting the response for right cubital tunnel release and topical compound. The treatment plan included hydrocodone, ibuprofen and pantoprazole. On August 17, 2015, utilization review denied a request for right cubital tunnel release, history and physicals, anesthesia, electrocardiogram, Clonidine HCL 0.2% Sodium Hyaluronate 0.2%, Ketoprofen 10% Gabapentin 6% Bupivacaine 5% Baclofen 2% Cyclobenzaprine HCL 2%, post-operative physical therapy three times a week for four weeks for the right arm and topical compound anti-epileptic drug 300g with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cubital Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation, Online Edition Chapter: Elbow.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment.

Decision rationale: The CA MTUS/ACOEM Elbow Complaints states that focused NCS/EMG with inching technique is required for the accurate diagnosis of cubital tunnel syndrome. As there is no evidence of cubital tunnel syndrome on the EMG the request is not medically necessary.

Associated Surgical Service: History and Physicals: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op Physical Therapy 3 times per week for 4 weeks for the right arm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Clonidine HCL 0.2% Sodium Hyaluronate 0.2%: 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: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary.

Ketoprofen 10% Gabapentin 6% Bupivacaine 5% Baclofen 2% Cyclobenzaprine HCL 2%: 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: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary.

Topical Compound Anti Epileptic Drug 300g; TID with 3 refills: 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: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary.