

<b>Case Number:</b>	CM15-0188717		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	12/21/2001
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: 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 57-year-old female with a date of injury on 12-21-2001. The injured worker is undergoing treatment for bilateral shoulder impingement syndrome-status post-surgery, bilateral carpal tunnel syndrome, bilateral lateral epicondylitis, and bilateral hand tenosynovitis. The most recent physician progress note dated 05-20-2015 documents the injured worker complains of bilateral shoulder pain, left greater than right, with radiation to the right side of the neck. She has complaints of swelling in the bilateral upper trapezius muscles, as well as in both lateral elbows with cramping of both hands-left greater than right. She has some tender fibrous nodules over both elbows, which are painful to touch. She has pain in both hands associated with cramping in both forearms. On examination, there is tenderness to palpation over the acromioclavicular joints bilaterally. Neer's, Hawkins' and O'Brien's tests are positive. There is tenderness to palpation at bilateral epicondyles with swelling. Mill's test is positive bilaterally. Tinel's test is also positive in the ulnar nerve at the ulnar groove on the right side at the level of the elbow. Phalen's and Tinel's signs are positive. Finkelstein's test is positive bilaterally. There is tenderness to palpation over the right wrist with the presence of a ganglion cyst. Treatment to date has included diagnostic studies, medications, and physical therapy. Medications include Norco (12-08-2014), Fexmid (02-12-2014), Paxil (12-08-2014), Prilosec (12-08-2014), Ultram ER (12-08-2014), and topical compounded cream (12-08-2014). On 09-16-2015, Utilization Review modified the request for Norco 10/325 #120 to Norco 10-325mg #36. PRP injection to the right lateral epicondyle was non-certified. Retrospective Cyclobenzaprine 15gm 10%, Tramadol 10%, topical cream (8/29/15) was non-certified. Retrospective Paxil 20mg #60 (8/29/15) was non-certified. Retrospective Ultram ER 150mg #90 (8/29/15) was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PRP injection to the right lateral epicondyle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic): Platelet-rich plasma.

**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)/ Platelet-rich plasma (PRP).

**Decision rationale:** The request is for platelet-rich plasma injected into the elbow. The official disability guidelines state: "Recommend single injection as a second-line therapy for chronic lateral epicondylitis after first-line physical therapy such as eccentric loading, stretching and strengthening exercises, based on recent research below." In this case, there is a previous certification for this treatment and as stated by the guidelines, only one injection is advised. As such, the request is not medically necessary.

### **Retrospective Paxil 20mg #60 (8/29/15):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** The request is for the use of a medication in the class of a selective serotonin reuptake inhibitor. The Official Disability Guidelines state the following regarding this topic: Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Prescribing physicians should provide the indication for these medications. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. SSRIs that are commonly prescribed include the following: citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, & sertraline. (Clinical Pharmacology, 2010) In this case, the use of this medication is not guideline-supported. This is secondary to poor clinical evidence regarding efficacy for chronic pain. As such, the request is not

indicated. It is advised that this type of medication is discontinued gradually or tapered down slowly. Therefore, the request is not medically necessary.

**Norco 10/325 #120:** 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, criteria for use.

**Decision rationale:** The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. As part of the pain treatment agreement, it is advised, "Refills are limited, and will only occur at appointments." In this case, there is inadequate documentation of persistent functional improvement seen. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit and a reduction in the dependency on continued medical treatment. In addition, there have been inconsistent urine drug screen findings. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.

**Retrospective Ultram ER 150mg #90 (8/29/15):** 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, criteria for use.

**Decision rationale:** The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. As part of the pain treatment agreement, it is advised that "Refills are limited, and will only occur at appointments." In this case, there is inadequate documentation of persistent functional improvement seen. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit and a reduction in the dependency on continued

medical treatment. In addition, there have been inconsistent urine drug screen findings. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.

**Retrospective Cyclobenzaprine 15gm 10%, Tramadol 10%, topical cream (8/29/15):**  
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): Muscle relaxants (for pain).

**Decision rationale:** The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) In this case, the use of a muscle relaxant is not guideline-supported. This is secondary to poor effectiveness for chronic long-term use. As such, the request is not medically necessary.