

Case Number:	CM15-0198491		
Date Assigned:	10/13/2015	Date of Injury:	03/26/2013
Decision Date:	12/02/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/08/2015

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, District of Columbia,
Maryland Certification(s)/Specialty: Anesthesiology, Pain
Management

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 43 year old male, who sustained an industrial injury on 3-26-2013. The injured worker was being treated for cervical displaced intervertebral disc-herniated nucleus pulposus and cervical radiculopathy. Medical records (8-4-2015 to 9-2-2015) indicate ongoing neck pain that radiates down the left arm and left arm weakness. The injured worker reported arm pain when he extends his neck or elevates his left shoulder, slowly increasing left arm weakness, and increased left arm pain with coughing. On 8-4-2015, the injured worker rated his pain: 6 out of 10 arm, 3 out of 10 neck, 8 at worst, and 2 at best. On 9-2-2015, the injured worker rated his pain 2-5 out of 10. The physical exam (8-4-2015 to 9-2-2015) revealed decreased cervical flexion and right extension rotation causes pain into the inner arm above the elbow, decreased extension causes pain to the left fifth digit, and decreased right rotation and left extension rotation causes pain from the elbow to the fifth digit. Axial compression of the neck caused left upper arm pain and manual traction relieved it. The upper extremity stretch sign caused pain along the left elbow. Tinel's testing of the left ulnar nerve at the elbow and flexing of the left elbow caused fifth digit tingling. Per the treating physician (8-4-2015 report), a cervical MRI revealed a 3 millimeter degenerative disc at C6-7 (cervical 6-7) impinging on the left aspect of the cord with moderately severe lateral recess narrowing. At C5-6 (cervical 5-6), there was a 4 millimeter disc bulge with possible small amount of herniated disc resulting in moderate canal stenosis. At C3-4 (cervical 3-4), there was a disc bulge. At cervical 4-5 (cervical 4-5), there was a narrowed degenerative disc offset to the left causing severe lateral recess narrowing. Treatment has included physical therapy, a home exercise program, traction, off work, and medications

including oral pain, topical pain, and anti-epilepsy. Per the treating physician (9-2-2015 report), the injured worker is to continue full duty. On 9-8-2015, the requested treatments included a Prednisone taper and Hybresis Treatment #8. On 9-14-2015, the original utilization review non-certified requests for a Prednisone taper and Hybresis Treatment #8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prednisone Taper Qty 1: 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).

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), Oral corticosteroids.

Decision rationale: The MTUS is silent on the use of Prednisone. Per the ODG guidelines with regard to oral corticosteroids: "Not recommended for chronic pain, except for Polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided." As the requested medication is not recommended, the request is not medically necessary.

Hybresis Treatment #8: 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).

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), Hybresis.

Decision rationale: The MTUS guidelines are silent on Hybresis treatment. Per the ODG guidelines: Hybresis is a drug delivery system that uses iontophoresis technology. There are no published studies specific to Hybresis. See Iontophoresis. Per the ODG guidelines regarding Iontophoresis: Recommended as a conservative option if there is evidence of objective functional improvement after trial use. Limited evidence suggests that iontophoresis treatment was well tolerated by most patients and was effective in reducing symptoms of epicondylitis at short-term follow-up, but little difference was noted long-term. (Nirschl, 2003) (Baskurt, 2003) (Runeson, 2002) (Demirtas, 1998) Some evidence suggests that iontophoresis and phonophoresis may show positive effects in the reduction of pain or improvement in function for patients with lateral epicondylitis but more studies need to be conducted. (Trudel, 2004) Some group health insurers have concluded that use of iontophoresis for treatment of inflammatory musculoskeletal disorders is experimental and investigational because of insufficient evidence of its effectiveness. Per the medical records submitted for review, the requested treatment was to decrease pain secondary to left ulnar neuritis. As it is not indicated for this purpose, the request is not medically necessary.