MAXIMUS Federal Services

Case Number:	CM15-0208889		
Date Assigned:	10/27/2015	Date of Injury:	01/29/2015
Decision Date:	12/16/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/23/2015

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: New York, West Virginia, Pennsylvania
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 51 year old female who sustained an industrial injury January 29, 2015. Past treatment included physical and manipulating therapy, acupuncture, injections, prescribed medication and extracorporeal shockwave therapy to the right elbow (at least x 2). Diagnoses are right and left lateral epicondylitis; right and left carpal tunnel syndrome. According to a primary treating physician's progress report dated September 29, 2015, the injured worker complains of continuous right rated 3 out of 10 and left elbow rated 5 out of 10, pain and constant moderate achy left wrist pain. Objective findings; right hand dominant; right elbow: mild swelling, tenderness lateral elbow, muscle spasm lateral forearm, negative Tinel's; left elbow: mild swelling, spasm lateral forearm, Tinel's negative; right wrist: tenderness volar wrist, Tinel's negative, Phalen's positive, carpal compression positive, Finkelstein's negative; left wrist: mass dorsally 1cm x 1cm left wrist with tenderness, Tinel's negative, Phalen's and carpal compression positive and Finkelstein's negative. At issue, is a request for authorization dated September 29, 2015 for extracorporeal shockwave therapy (3) visits left elbow and Flurbiprofen/Baclofen/ Camphor/Menthol/Dexamethasone Micro 20-5-2-2-0.2%, Capsaicin 0.25%/Hyaluronic acid 0.2% in cream base. Toxicology report dated June 30, 2015 and present is the medical record is documented as negative and consistent. An MRI of the left elbow dated June 7, 2015 (report present in the medical record) impression; common extensor partial-thickness tearing and tendinosis (lateral epicondylitis); no other significant findings are noted. An MRI of the left wrist dated June 7, 2015 (report present in the medical record) impression; ganglion cyst dorsal to the capitate; small radiocarpal, ulnocarpal and distal radioulnar effusions; subchondral cyst

within the capitate; no other significant findings are noted. According to utilization review dated October 7, 2015, the requests is for extracorporeal shockwave therapy (3) visits left elbow and Flurbiprofen/Baclofen/Camphor/Menthol/Dexamethasone Micro 20-5-2-2-0.2%, Capsaicin 0.25%/Hyaluronic acid 0.2% in cream base were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporal shockwave therapy 3 visits left elbow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow. Extracorporeal shockwave therapy.

Decision rationale: Guidelines do not recommend extracorporeal shock wave therapy to the elbow. In this case, the patient suffers from epicondylitis and carpal tunnel syndrome. The request for extracorporeal shock wave therapy is not medically necessary and appropriate.

Flurbiprofen/Baclofen/Camphor/ Menthol/ Dexamethasone Micro 20/5/2/2/0.2 %, Capsaicin 0.25%/ Hyaluronic acid 0.2% in cream base: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anti-epileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, the requested compound contains several drugs that are not recommended for use topically. The request for topical flurbiprofen/baclofen/camphor/menthol/ dexamethasone is not medically appropriate and necessary.