

Case Number:	CM15-0027148		
Date Assigned:	02/19/2015	Date of Injury:	05/07/2014
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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: Physical Medicine & Rehabilitation

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 female who sustained an industrial injury on 5/7/14. The injured worker reported symptoms in the left elbow. The diagnoses included epicondylitis elbow lateral, overuse syndrome, hyper mobility syndrome, radial tunnel syndrome. Treatments to date include acupuncture treatments, transcutaneous electrical nerve stimulation unit and oral pain medication. In a progress note dated 1/21/15 the treating provider reports the injured worker was with left elbow pain noted as "constant and is burning in sensation." On 2/4/15 Utilization Review non-certified the request for Lidopro cream 121 milligrams, Naproxen Sodium 550 milligrams tablet quantity of 60 and acupuncture 6 sessions left elbow. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121mg dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: According to the 01/21/2015 report, this patient presents with constant 7/10 left elbow pain. The current request is for Lidopro cream 121mg dispensed. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding Topical Analgesics, The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." MTUS states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The current request IS NOT medically necessary.

Naproxen Sodium 550 g tablet #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines NSAID.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications non-steroidal anti-inflammatory drugs Page(s): 22, 67-68.

Decision rationale: According to the 01/21/2015 report, this patient presents with constant 7/10 left elbow pain. The current request is for Naproxen Sodium 550g tablet #60. The request for authorization is on 01/21/2015. The patient's work status is "remain off work until 02/21/2015." The MTUS Guidelines page 22 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of the provided reports show the patient has been prescribed NSAID since 09/15/14 and it is unknown exactly when the patient initially started taking this medication. The treating physician indicates "Naproxen 550 mg helpful for pain." In this case, the patient has chronic pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the current request IS medically necessary.

Acupuncture 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: According to the 01/21/2015 report, this patient presents with constant 7/10 left elbow pain. The current request is for Acupuncture 6 sessions. The utilization review denial letter states "the patient has undergone at least 7 acupuncture visits recently (from 11/12/04 - 1/29/14), with the most recent treatment on 1/29/15. The patient reported a pain improvement, though there were no objective improvements documented." For acupuncture, MTUS Guidelines

page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, with optimal duration of 1 to 2 months. The medical records provided for review indicates the patient had completed #12 of 12 approved sessions of acupuncture treatments on 10/02/2014 with pain level at a 2/10, "pain only with use on the left lateral epicondyle." The 09/04/2014 Acupuncture report, visit #7 indicates patient's pain is a 2-3/10. In this case, the provided reports do not show that the patient has functional improvement with treatments. The guidelines state "Acupuncture treatments may be extended if functional improvement is documented." Therefore, the request IS NOT medically necessary.