Case Number:	CM15-0033141		
Date Assigned:	02/26/2015	**Date of Injury:**	02/11/2011
Decision Date:	04/13/2015	**UR Denial Date:**	02/18/2015
Priority:	Standard	**Application Received:**	02/23/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 29 year old male with an industrial injury dated 02/11/2011. His diagnoses include right De Quervain's, and right lateral/medial epicondylitis. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative measures, medications, and physical therapy. In a progress note dated 01/28/2015, the treating physician reports no change in symptoms with continued pain to the right elbow and right wrist. The objective examination revealed tenderness in the lateral epicondyle with normal range of motion, and tenderness in the ulnar styloid, flexor carpi radialis, flexor carpi ulnaris, wrist extensors and radial styloid with normal range of motion. The treating physician is requesting dexamethasone and Ionto which were denied by the utilization review. On 02/18/2015, Utilization Review non-certified a prescription for Ionto patch 80 Ma #1 with no clear rationale for this decision. The ODG guidelines were cited. On 02/18/2015, Utilization Review non-certified a prescription for dexamethasone 4mg #30, noting an unclear request and the lack of evidence or discussion as to whether the injured worker had undergone local injection therapy, and why dexamethasone is necessary as opposed to physical therapy or just ultrasound treatment. The ACOEM and ODG guidelines were cited. On 02/23/2015, the injured worker submitted an application for IMR for review of Ionto patch 80 Ma #1, and dexamethasone 4mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ionto patch 80 Ma #1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010; Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm.

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

Decision rationale: With regard to this request, this is essentially a request for iontophoresis in which steroids are driven into tissue via an electrical current. The patch is one component of the iontophoresis process. The ODG Elbow Chapter states that this is "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)" A review of the submitted documentation indicates that this patient has tried physical therapy, bracing, and steroid injection with no significant lasting benefit. Given this, and the ODG, a trial of iontophoresis is medically appropriate. With evidence of functional improvement, further sessions may continue.

Dexamethasone 4 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010; Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm.

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

Decision rationale: The dexamethasone is a request for steroid, which is part of the iontophoresis process. With regard to this request, this is essentially a request for iontophoresis in which steroids are driven into tissue via an electrical current. The ODG Elbow Chapter states that this is "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,

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