

<b>Case Number:</b>	CM15-0054191		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	07/01/2012
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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

### 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 48-year-old female who reported an injury on 07/01/2012. The mechanism of injury was cumulative trauma. The injured worker was noted to have x-rays of the bilateral feet and physical therapy. The injured worker utilized a TENS unit and had 8 sessions of acupuncture. The injured worker was noted to have been provided straps for her elbows and injections for the right elbow in 09/2013. Surgical history was noncontributory. The documentation of 02/16/2015 revealed the injured worker had complaints of pain in the head, neck, mid back, low back, bilateral shoulders, bilateral elbows, bilateral hands, and bilateral feet. The diagnosis included chondromalacia patella knee, facet arthrosis, lumbar sprain and strain, carpal tunnel syndrome, lateral epicondylitis, articular cartilage dis shoulder, shoulder impingement, and cervical disc displacement. The treatment plan included Ultram 50 mg 1 by mouth twice a day, Motrin 800 mg 1 twice a day, gabapentin/flur compound, acupuncture twice a week for the neck, mid back and low back, bilateral shoulders, bilateral elbows, bilateral wrists, bilateral knees, and bilateral ankles, x-rays for the knees, ankles, and feet, subacromial injections to the bilateral shoulders and bilateral tennis elbow straps and a random urine drug screen. The physical examination revealed range of motion of the elbows was within normal limits. Range of motion of the shoulders was decreased bilaterally. The injured worker had bilateral anterior glenoid tenderness, left greater than right, and bilateral AC joint tenderness. There was a Request for Authorization submitted for review dated 02/16/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 TENNIS ELBOW STRAPS (BILATERAL): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that elbow straps are recommended for the treatment of epicondylitis. The clinical documentation submitted for review indicated the injured worker received elbow straps in 2013. There was a lack of documentation indicating the injured worker had a necessity for an additional set. Given the above, the request for 2 tennis elbow straps (bilateral) is not medically necessary.

**2 SUBACROMIAL INJECTION (BILATERAL SHOULDERS, 1 PER SHOULDER): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**Decision rationale:** American College of Occupational and Environmental Medicine guidelines indicate that invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and non-steroidal anti-inflammatory drugs) for two to three weeks. The clinical documentation submitted for review failed to provide documentation of conservative care specifically directed at the shoulders for 2 to 3 weeks. Given the above, the request for 2 subacromial injection (bilateral shoulders, 1 per shoulder) is not medically necessary.

**1 X-RAY EACH OF A/P & LATERAL (BILATERAL FEET): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-4.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that x-rays are generally not needed unless there has been a period of conservative care and observation. The clinical documentation submitted for review indicated the injured worker had previously seen a doctor of podiatric medicine and had prior x-rays. There was a lack of documentation indicating a necessity for repeat x-rays. Given the above, the request for 1 x-ray each of a/p & lateral (bilateral feet) is not medically necessary.

**1 X-RAY EACH OF A/P & LATERAL (BILATERAL KNEES): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical documentation submitted for review failed to provide specific care directed at the knees. There was a lack of documentation of objective findings to support the necessity for x-rays in the bilateral knees. Given the above, the request for 1 x-ray each of a/p & lateral (bilateral knees) is not medically necessary.

**1 X-RAY EACH OF A/P & LATERAL (BILATERAL ANKLES): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-4.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that x-rays are generally not needed unless there has been a period of conservative care and observation. There was a lack of documentation of objective findings to support the necessity for ankle x-rays. Given the above, the request for 1 x-ray each of a/p & lateral (bilateral ankles) is not medically necessary.

**UNKNOWN PRESCRIPTION OF GABA/FLUR COMPOUND CREAM: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Flurbiprofen, Gabapentin Page(s): 111, 72, 113.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. The clinical documentation submitted for review failed to provide documentation of a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to

indicate the frequency, quantity, and body part to be treated with the compounded cream. Given the above, the request for unknown prescription of gaba/flur compound cream is not medically necessary.