

<b>Case Number:</b>	CM15-0056206		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 58 year old female, who sustained an industrial injury on 11/27/2012. The injured worker was diagnosed as having left elbow medial epicondylitis, left elbow cubital tunnel syndrome, right elbow lateral epicondylitis, and cubital syndrome, status post surgery. Treatment to date has included conservative measures, including diagnostics, physical therapy, steroid injections, and medications. Currently, the injured worker complains of constant pain in her elbows, accompanied by swelling, clicking and popping and weakness of the forearms and hands. Stress and depression were noted as a result of her injury. Current medication regime was not noted. The treatment plan included magnetic resonance imaging of the left elbow to rule out medial epicondylitis, electromyogram and nerve conduction studies to rule out cubital tunnel syndrome, and topical Kera-Tek gel and Voltaren for pain. Prior imaging reports of the left elbow were not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI, left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand, MRIs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

**Decision rationale:** Regarding the request for MRI of the elbow, California MTUS cites that MRI is not recommended for suspected epicondylalgia. Within the documentation available for review, the MRI was recommended by the provider to rule out medial epicondylitis. In light of the above, the currently requested MRI of the elbow is not medically necessary.

**Topical Kera-Tek analgesic gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Kera-Tek gel, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Kera-Tek gel is not medically necessary.