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| Case Number: | CM14-0120474 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 10/27/2010 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 07/17/2014 |
| Priority: | Standard | Application Received: | 07/30/2014 |

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46 year-old female who sustained work-related injuries on October 27, 2010. Per records dated April 4, 2014, mostly illegible, documents that the injured worker reported that she had right elbow lateral epicondylitis injection on March 4, 2014 which resulted to about 80% pain relief for one week but was returning to prior levels. With medications, she rated her pain as 6-7/10 but without medications her pain levels was rated at 9/10. A right upper extremity examination noted tenderness over the medial and lateral elbow. Tinel's sign and bent elbow test was positive and was noted on the third to the fourth digits. Sensory loss was reported on the third and fourth digits as well. A surgery consultation request was made in consideration of right lateral epicondyle release and debridement due to failure of conservative treatments including physical therapy, chiropractic, acupuncture, medication, activity modification, and home exercise program. She underwent electromyography (EMG)/nerve conduction studies (NCV) testing on May 1, 2014 noted negative results. Per June 30, 2014 records document that the injured worker reported that she had right lateral epicondyle injection in March 2014 with approximately 80% pain improvement for two weeks. She complained of right shoulder and trapezius pain. She reported difficulty opening jars and bottles. Pain was rated as 5/10 with medications and 8/10 without medications. A right elbow examination noted tenderness over the medial and lateral epicondyles. Cozen's test and reverse Cozen's test were positive. Her range of motion was limited. A right wrist examination noted tenderness on the flexor tendons. She is diagnosed with lesion of the ulnar nerve, medial epicondylitis, other tenosynovitis of hand and wrist and sprains and strains of unspecified site of shoulder and upper arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch q 12 hours #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56,57,111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Evidence-based guidelines indicate that topical analgesics are largely experimental with little peer-reviewed evidence-based studies. More specifically, Lidoderm patches are only indicated if there is documented evidence of a failure of a trial of first-line therapy including tricyclics or serotoninnorepinephrine reuptake inhibitors (SNRI) anti-depressants or anti-convulsants. In this case, the records do not indicate a trial and failure of first-line medications. Hence, the medical necessity of the requested Lidoderm patch every 12 hours #30 is not established.

Fexmid 7.5 mg 1 po BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): 64.

Decision rationale: Evidence-based guidelines point out that cyclobenzaprine (Flexeril) is not recommended for chronic use. This medication is recommended for two weeks and its greatest effect is noted in the first four days of treatment. In this case, review of this injured worker's records indicates that she is apparently utilizing Fexmid in the chronic term which is a violation of the guideline recommendations. Also there is no indication of any spasms on the objective findings. Based on these reasons, the medical necessity of the requested Flexeril 7.5 milligrams 1 orally (PO) twice daily (BID) is not established.