

Case Number:	CM14-0181364		
Date Assigned:	11/06/2014	Date of Injury:	08/29/2013
Decision Date:	12/15/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/31/2014

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 Occupational Medicine 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:

This case is a male employee with a date of injury on 8/29/2013. A review of the medical records indicate that the patient has been undergoing treatment for right carpal tunnel syndrome, right cubital tunnel syndrome, and right lateral epicondylitis. Subjective complaints (9/2/2014) include numbness and tingling in the right hand and pain in the right lateral elbow. Objective findings (9/2/2014) include tenderness over right lateral elbow, positive tinel's sign, and positive phalen's test. Treatment has included nerve block with steroid injection to right lateral elbow on 7/29/2014 and a repeat injection to right lateral elbow, wrist, and carpal tunnel on 9/2/2014. A utilization review dated 9/29/2014 non-certified a request for Retro Bupivacaine 0.5 percent vial #10 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Bupivacaine 0.5 percent vial #10 units: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG Elbow (updated 05/15/14) Injections (corticosteroid)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intrathecal drug delivery systems, medications Page(s): 54-55. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) Pain (Chronic), Implantable drug-delivery systems (IDDSs) and Trigger point injections (TPIs)

Decision rationale: MTUS refers to Bupivacaine with Intrathecal drug delivery systems. Medical records do not indicate that the patient utilized an intrathecal drug delivery system at time of the request. ODG additionally refers to bupivacaine in Trigger point injections (TPIs) section and states, "TPIs with an anesthetic such as bupivacaine are recommended for non-resolving trigger points." Medical records do not indicate that bupivacaine was used for trigger point injections. Utilization review noted that the prior request for bupivacaine was already approved. Medical records do indicate that the patient underwent injections to the elbow, wrist, and carpal tunnel. The medical notes dated 9/2/2014 noted 8 units of Marcaine (Bupivacaine) for that series of injections. The medical records provided did not detail the usage of 10 units of the requested medication and therefore there is a mismatch of dosing. As such, the request for Retro Bupivacaine 0.5 percent vial #10 units is not medically necessary.