

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0183048 |                              |            |
| <b>Date Assigned:</b> | 11/07/2014   | <b>Date of Injury:</b>       | 05/22/2007 |
| <b>Decision Date:</b> | 12/11/2014   | <b>UR Denial Date:</b>       | 10/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/03/2014 |

### 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 Preventive 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:

According to the records made available for review, this is a 36-year-old male with a 5/22/07 date of injury. At the time (9/23/14) of the request for authorization for ultrasound right elbow, Ultracin lotion, and Retrospective Urine Drug Screen DOS: 9/23/14, there is documentation of subjective (staying the same) and objective (mood is depressed, guarding right elbow, moves about with stiffness and protectively) findings, imaging findings (ultrasound bilateral elbows (7/30/14) report revealed status post right radial head replacement/lateral elbow surgery (prosthesis in good position/dense area of scar tissue, callus formation and inflammation surrounding the lateral epicondyle/common extensor tendon origin edema and thickening/radio-capitellar joint effusion)), current diagnoses (sprain and strain of neck, displacement of lumbar intervertebral disc without myelopathy, unspecified derangement of joint, fracture of humerus, and depressive disorder), and treatment to date (medication including ongoing opioid use). Regarding ultrasound right elbow, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Regarding Ultracin lotion, there is no documentation of neuropathic pain and that trials of antidepressants and anticonvulsants have failed. Regarding Retrospective Urine Drug Screen DOS: 9/23/14, there is no documentation of abuse, addiction, or poor pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound Right Elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

**Decision rationale:** MTUS does not address the issue. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of sprain and strain of neck, displacement of lumbar intervertebral disc without myelopathy, unspecified derangement of joint, fracture of humerus, and depressive disorder. In addition, there is documentation of right elbow ultrasound performed on 7/30/14. However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for ultrasound right elbow is not medically necessary.

**Ultracin Lotion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** Ultracin contains methyl salicylate (28%), menthol (10%), and capsaicin (0.025%). MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of sprain and strain of neck, displacement of lumbar intervertebral disc without myelopathy, unspecified

derangement of joint, fracture of humerus, and depressive disorder. However, there is no documentation of neuropathic pain and that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Ultracin lotion is not medically necessary.

**Retrospective Urine Drug Screen DOS: 9/23/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of sprain and strain of neck, displacement of lumbar intervertebral disc without myelopathy, unspecified derangement of joint, fracture of humerus, and depressive disorder. In addition, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for Retrospective Urine Drug Screen DOS: 9/23/14 is not medically necessary.