

Case Number:	CM15-0010703		
Date Assigned:	01/30/2015	Date of Injury:	09/06/2013
Decision Date:	03/31/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/20/2015

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: Orthopedic Surgery

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 41 year old male, who sustained a work related injury on 9/8/13. The diagnoses have included displacement of cervical and lumbar intervertebral discs, recurrent bilateral shoulder dislocation, osteoarthritis in bilateral knees, radial fracture, bilateral elbow medial and lateral epicondylitis, shoulder rotator cuff syndrome and carpal tunnel syndrome. Treatments to date have included physical therapy sessions for elbows and right knee, oral medications, x-rays, EMG/NCV study, and splinting of right elbow. The injured worker complains of right shoulder pain with pain that radiates down arm. He states he has increased pain with forced extension. He states that the pain affects his daily activities and sleep. Exam note 11/10/14 demonstrates right shoulder pain radiating into the arm and right hand. Objective findings include right deltoid tenderness with decreased shoulder range of motion. Tenderness over the lateral epicondyle on the right. MRI bilateral elbows 6/13/14 demonstrate common extensor tendinosis on the right and mild common extensor tendinosis on the left. On 12/22/14, Utilization Review non-certified requests for a combination topical compound of Flurbiprofen 20%-Cyclobanzaprine 4%-Lidocaine 5% #100gm, a bilateral lateral and medial epicondylar release, 12 post-op physical therapy sessions, a post-op sling, 45 days use of a cold therapy unit and a urine toxicology test. The California MTUS, Chronic Pain Treatment Guidelines, ACOEM Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compounded FCL to include Flurbiprofen 20%, Cyclobenzaprine 4%, and Lidocaine 5% #100gm: Upheld

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

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore the determination is for non-certification.

Bilateral lateral and medial epicondylar release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35.

Decision rationale: CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. In this case there is insufficient evidence of failure of conservative care to warrant a medial epicondylar release. In addition there no evidence of a surgical lesion in the medial epicondylar region from the MRI of 6/13/14. Therefore determination is for non-certification.

12 postop physical therapy sessions for the bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 postop sling: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

45 days use of postop cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic)/ Shoulder (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Cryotherapy

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy for the elbow. According to ODG, Elbow section, cryotherapy is not recommended. Cold packs are recommended for at home application during first few days and thereafter application of either heat or cold packs to suit patient. As the guidelines do not recommend cryotherapy for the elbow, the determination is for non-certification.

Urine toxicology test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 94-95.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 94-95, use of urine toxicology is encouraged particularly when opioids are prescribed. It states, Opioids, steps to avoid misuse/addiction. The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens. In this case there is insufficient evidence of chronic opioid use or evidence of drug misuse to warrant urine toxicology from the exam note of 11/10/14. Therefore the determination is for non-certification.