

<b>Case Number:</b>	CM15-0114976		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	05/06/2015
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

### 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 38 year old male, who sustained an industrial injury on 05/06/2015. He has reported subsequent right elbow, forearm, wrist and hand pain and was diagnosed with sprain/strain of the right elbow and forearm and lateral epicondylitis of the right elbow. X-ray of the right elbow dated 05/07/2015 was within normal limits. Treatment to date has included oral and topical pain medication, bracing and application of ice. In a progress note dated 05/28/2015, the injured worker complained of constant severe burning pain of the right elbow, wrist and hand. Objective findings were notable for 3+ spasm and tenderness of the right lateral epicondyle and olecranon, decreased range of motion, positive Valgus, Varus, Cozen's and reverse Cozen's tests on the right, 3+ spasm and tenderness of the right anterior wrist and posterior extensor tendons, decreased and painful range of motion of the right wrist and positive Bracelet and Finkelstein's test. The physician noted that the injured worker was having difficulty performing activities of daily living due to pain. A request for authorization of physical medicine for the right wrist, three times a week for four weeks, physical medicine for the right elbow, three times a week for four weeks, physical medicine for the right hand, three times a week for four weeks, functional capacity evaluation, 3D MRI of the right elbow, one month rental of a multi- interferential stimulator, Tramadol 50 mg # 100 with two refills, Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5% 180 gm with two refills and Lidocaine 6%/Gabapentin 10%/Ketoprofen 10% 180 gm with two refills was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical medicine for the right wrist, three times a week for four weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist and hand chapter; Physical/Occupational therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand, Physical/Occupational Therapy.

**Decision rationale:** As per CA MTUS guidelines for physical medicine, "Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Allow for "fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home physical medicine." ACOEM guidelines for the hand, wrist and forearm note that, physical modalities including "specific hand and wrist exercises for range of motion and strengthening and visits with a physical therapist for education about an effective home exercise program" may be appropriate. Official Disability Guidelines for physical therapy of the wrist, hand and forearm state that "9 visits over 8 weeks is recommended for a diagnosis of sprain/strain of the wrist and hand." While the documentation shows that the injured worker was experiencing continuing severe right hand and wrist pain with painful and decreased range of motion with spasm and may be a candidate for physical therapy, the request for 12 visits of physical therapy for the wrist exceeds the recommended ODG guidelines for this injured worker's diagnosis. Therefore, the request for authorization of physical medicine for the right wrist, three times a week for four weeks is not medically necessary.

**Physical medicine for the right elbow, three times a week for four weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 595, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98- 99.

**Decision rationale:** As per CA MTUS guidelines for physical medicine, "Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Allow for "fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home physical medicine." As per ACOEM guidelines for physical methods for treatment of lateral epicondylitis "It is reasonable to expect that if a particular treatment is going to benefit a particular patient, beneficial effects should be evident within 2-3 visits. Continuing with a treatment that has not resulted in objective improvement is not reasonable. Treatment that has not resulted in improvement

after a couple of visits should either be modified substantially or discontinued." Official Disability Guidelines for physical therapy recommend "8 visits of physical therapy over 5 weeks for treatment of lateral epicondylitis." While the documentation shows that the injured worker was experiencing continuing severe right elbow pain with painful and decreased range of motion and spasm and may be a candidate for physical therapy, the request for 12 visits of physical therapy for the elbow exceeds the recommended guidelines for this injured worker's diagnosis. Therefore, the request for authorization of physical medicine for the right elbow, three times a week for four weeks is not medically necessary.

**Physical medicine for the right hand three times a week for four weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, and wrist and hand chapter, Physical/Occupational therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand, Physical/Occupational Therapy.

**Decision rationale:** As per CA MTUS guidelines for physical medicine, "Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Allow for "fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home physical medicine." ACOEM guidelines for the hand, wrist and forearm note that, physical modalities including "specific hand and wrist exercises for range of motion and strengthening and visits with a physical therapist for education about an effective home exercise program" may be appropriate. Official Disability Guidelines for physical therapy of the wrist, hand and forearm state that "9 visits over 8 weeks is recommended for a diagnosis of sprain/strain of the wrist and hand." While the documentation shows that the injured worker was experiencing continuing severe right hand and wrist pain with painful and decreased range of motion with spasm and may be a candidate for physical therapy, the request for 12 visits of physical therapy for the hand exceeds the recommended ODG guidelines for this injured worker's diagnosis. Therefore, the request for authorization of physical medicine for the right hand, three times a week for four weeks is not medically necessary.

**Functional capacity evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional capacity evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty, Functional Capacity Evaluation.

**Decision rationale:** CA MTUS and ACOEM guidelines are silent regarding this issue so alternative guidelines were referenced. As per Official Disability Guidelines (ODG), "consider an FCE if: 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged." The injured worker was seen for a physician office visit on 05/15/2015 and at this time the physician determined that the injured worker could return to work with restrictions from 05/15/2015-05/29/2015. During a 05/28/2015 initial evaluation note by a primary care physician at [REDACTED] the physician noted that the injured worker had been given restrictions and placed on light duty by the previous physician but that the employer was not abiding by them. The physician changed the work status to temporarily totally disabled. The physician noted that a functional capacity evaluation would be requested to objectively measure improvement in terms of pain, return to work and activities of daily living. There does appear to be evidence of conflicting medical reporting on precautions and/or fitness for modified job duties and a prior unsuccessful return to work attempt, however there does not appear to be any indication that the injured worker was close to or at maximal medical improvement. The physician noted in the 05/28/2015 progress note that the injured worker was not considered permanent and stationary based on the absence of physical medicine and diagnostic imaging for his injuries. Therefore, the request for a functional capacity evaluation is not medically necessary.

**3D MRI of the right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 548-611.

**Decision rationale:** As per ACOEM criteria, criteria for ordering imaging studies include instances in which "the imaging study results will substantially change the treatment plan. Emergence of a red flag. Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctable lesion is confirmed." As per ACOEM, red flags include the presence of "neurovascular compromise, fracture, un-reduced dislocation, infection or tumor." The physician noted that a 3D MRI of the right elbow was being requested because the injured worker showed red flags of severe pain, positive orthopedic tests and restricted active range of motion. There was no documentation to indicate a concern for neurovascular compromise, fracture, un-reduced dislocation, infection or tumor. An X-ray of the right elbow dated 05/07/2015 was within normal limits. There was no documentation that indicated that a rehabilitation program had been attempted and failed or of significant tissue insult or neurologic dysfunction. Therefore, the request for authorization of 3D MRI of the right elbow is not medically necessary.

**One month rental of a multi interferential stimulator: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 31, 265.

**Decision rationale:** As per ACOEM guidelines for the wrist, "Physical modalities, such as massage, diathermy, cutaneous laser treatment, "cold" laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms." ACOEM guidelines for lateral epicondylagia indicate that "there is insufficient evidence to support the use of TENS or electrical stimulation and it is not recommended." The documentation submitted indicates that ICS was being requested to decrease pain and muscle spasm which was noted in the right wrist and elbow, however guidelines do not indicate there is any scientific efficacy of treatment of the hand, wrist or forearm with the use of ICS and there are no extenuating circumstances documented to support its' use. Therefore, the request for authorization of one-month rental of a multi-interferential stimulator is not medically necessary.

**Tramadol 50mg #100 with two refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Opioids, Specific Drug List Page(s): 76-77, 93-94.

**Decision rationale:** As per MTUS guidelines, prior to initiating a trial of opioid therapy "Ask about Red Flags indicating that opioids may not be helpful in the chronic phase. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made." Per MTUS, "Tramadol is indicated for moderate to severe pain. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day)." The documentation submitted did not show a history of prescription of opioid medications. There was no documentation as to the severity of the injured worker's pain or any indication that the injured worker had failed treatment with a first line oral analgesic prior to the decision to proceed with the initiation of opioid therapy. There is also no discussion of the presence of any red flags or documentation of goals as per MTUS guidelines for initiation of opioids. Therefore, the request for authorization of Tramadol 50 mg # 100 with two refills is not medically necessary.

**Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% 180gm with two refills: 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." In addition, as per MTUS "Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical Baclofen." Cyclobenzaprine and flurbiprofen are not FDA approved for topical use. The topical medication requested contains Lidocaine which is not approved for use in a cream, lotion or gel formulation and Baclofen which is not recommended. There is also no documentation of a failure of first line therapy. Therefore, the request for authorization of Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5% 180 gm with two refills is not medically necessary.

**Lidocaine 6%, Gabapentin 10%, Ketoprofen 10% 180gm with two refills: 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 Topical Analgesics Page(s): 111-112.

**Decision rationale:** As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed." As per MTUS, Ketoprofen and gabapentin are "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that other than Lidoderm, no commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Therefore, the request for authorization of Lidocaine 6%/Gabapentin 10%/Ketoprofen 10% 180 gm is not medically necessary.