

<b>Case Number:</b>	CM15-0173917		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, Indiana, Oregon  
 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 47 year old male who sustained an industrial injury on 10-15-10. A review of the medical records indicates he is undergoing treatment for ulnar nerve neuritis with negative nerve studies, plica along the elbow on the right - status post resection, triceps tendonitis - status post partial release, stiff elbow - status post arthroscopic capsular release, resolution of problem along the shoulder, wrist, and neck, and due to chronic pain and inactivity, "he has an element of depression, anxiety, and sleep - treated with medication". Medical records (3-18-15 to 8-4-15) indicate limited range of motion and complaints of intermittent pain of the right elbow with numbness and tingling (5-28-15). He is noted to have had a "surge of pain" along the cubital tunnel area on 8-4-15. He reports limitation with gripping, grasping, and torqueing. The physical exam (8-4-15) reveals limited range of motion in the right elbow. The treating provider states, "he does not reach with his fingertips to the shoulder". Tenderness is noted along the cubital groove and a positive Tinel's sign is noted. The grip is weak and he has tenderness to the lateral epicondyle. Diagnostic studies have included MRIs of the right elbow and ulnar nerve, as well as EMG-NCV of the right upper extremity. Treatment has included a TENS unit, hinged elbow brace, anti-inflammatory, analgesic, and antidepressant medications, as well as work restrictions. He is not currently working, although the 8-4-15 report indicates that he "could do work" with avoiding repetitive reaching, forceful gripping, grasping, and torqueing, leaning of the elbow, and forceful pushing, pulling, and lifting. Effects on his ability to participate in activities of daily living are not included in the provided records. The utilization review (8-13-15) includes request for authorization and determinations of medical necessity of

the following: Celebrex 200mg #30 - denied, indicating that the injured worker has no history of gastrointestinal bleed, ulcer, or reflux and would gain no added benefit from the protective nature of Celebrex compared to other NSAIDs, Tramadol ER 150mg #30 - denied, stating that the medication is being used for long-term treatment and the documentation does not identify acute pain or an acute exacerbation of chronic pain. The guidelines have not been met, Remeron 15mg #30 - denied, stating that the medication is used for depression, but here is no documentation about improvement in symptoms while on the medication to recommend its continued use, Aciphex 20mg #30 - denied, stating that there is no documented dyspepsia with the use of NSAIDs, no history of gastrointestinal bleeding, or the use of anticoagulants. Therefore, the injured worker does not meet the criteria, Topamax 50mg #60 - denied, stating that the injured worker has no evidence of neuropathic pain to warrant the medication, Hinged elbow brace - denied, indicating that the guidelines do not support the use of a brace or splint for osteoarthritis of the elbow, TENS unit, 4-lead - denied, indicating that the guidelines do not recommend a TENS unit for chronic pain and that the injured worker is using this as a "primary modality", Right elbow arthrotomy, excision of tip of the olecranon and fenestration of the distal humerus in the intercondylar area, removal of loose body, capsular release, radial head excision, silicone implant, and ulnar nerve release - denied, indicating that the injured worker has "significant cartilage loss in the entire elbow, consistent with osteoarthritis. The proposed procedure will not help the condition", Polar care unit for 21 days - denied due to the denial of the requested surgery, Sling - denied due to the denial of the requested surgery, Silicone implant - denied, stating "a silicone implant will not treat the global arthritis seen in the elbow".

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right elbow arthrotomy, excision of tip of the olecranon and fenestration of the distal humerus in the intercondylar area, removal of loose body, capsular release, radial head excision, silicone implant and ulnar nerve release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmed](http://www.ncbi.nlm.nih.gov/pubmed).

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment.

**Decision rationale:** CA MTUS/ACOEM Elbow Complaints Chapter 10 (2007 supplement) page 18 states that focused NCS/EMG with "inching technique" is required for the accurate diagnosis of cubital tunnel syndrome. As there is no evidence of cubital tunnel syndrome on the EMG the request is not medically necessary.

**Celebrex 200mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

**Decision rationale:** CA MTUS/Chronic Pain Medical Treatment Guidelines, page 70 states that Celecoxib (Celebrex) is for use with patients with signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. ODG pain is referenced. Celebrex has not been shown to be more effective than other NSAIDs, but has a significant increased cost. Based on this the request for this brand name drug is not medically necessary.

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore, use of Tramadol is not medically necessary.

**Remeron 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** CA MTUS/Chronic Pain Medical Guidelines, Antidepressants, page 13 reports that Remeron is an antidepressant used for major depressive disorder. There is no indication in the medical documentation of a major depressive disorder or a psychiatric evaluation demonstrating a need for use of Remeron. As there is lack of medical necessity for the use of Remeron, the determination is not medically necessary.

**Aciphex 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The cited records do not demonstrate that the patient is at risk for gastrointestinal events. Therefore, the request is not medically necessary.

**Topamax 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

**Decision rationale:** Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Topamax is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note does not demonstrate evidence neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore, medical necessity has not been established.

**Associated surgical services: Hinged elbow brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical service: TENS unit, 4 lead:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical service: Polar care unit for 21 days: 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, Cold Packs.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical service: Sling: 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, Splinting.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical service: Silicone implant: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.