

<b>Case Number:</b>	CM15-0174080		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/12/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/04/2015
<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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old male, who sustained an industrial injury on January 12, 2014. On August 3, 2015 the injured worker had a re-evaluation of his right elbow status post tenotomy debridement and repair. He reported persistent pain in the lateral aspect of his elbow and described the pain as burning. The evaluating physician noted that "overall the symptoms are unchanged." He reported difficulty sleeping and had difficulty lifting or grasping with the right upper extremity. On physical examination, the injured worker had no significant swelling of the right elbow. He had tenderness to palpation with marked diffuse tenderness about the lateral elbow. His right elbow range of motion had full extension to 130 degrees of elbow flexion. He had full pronation and supination with no crepitus noted with range of motion. The evaluating physician recommended an MRI of the right elbow with MARS with a Lidoderm patch for hypersensitivity and Valium to be taken one half hour prior to the MRI. The injured worker was diagnosed as having right elbow pain status post lateral tenotomy debridement with repair. A request for authorization for a prospective request for 1 right elbow MRI with MARS, a prospective request for unknown prescription for Lidoderm patch, and a prospective request for Unknown prescription for Valium was received on July 31, 2015. On August 4, 2015, the Utilization Review physician determined the prospective request for 1 right elbow MRI with MARS, the prospective request for unknown prescription for Lidoderm patch, and the prospective request for unknown prescription for Valium was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Right elbow MRI with Mars: 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), Elbow (Acute & Chronic) - MRI's (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Elbow Chapter, MRI's.

**Decision rationale:** The patient presents with a diagnosis as having right elbow pain status post lateral tenotomy debridement with repair (1/7/15). The current request is for 1 right elbow MRI with MARS. The patient received an MRI of the right elbow with contrast on 7/22/14. The treating physician states in the treating report dated 9/2/15 (161B), "The patient continues to have pain in the lateral aspect of the right elbow following his surgical repair of the common extensor tendon. I think some of this is hypersensitivity of the surgical scar as he has significant tenderness with palpation and even tenderness with the ultrasound over this area. I would be reluctant to re-operate on the lateral aspect of this elbow with the hypersensitivity unless there is significant derangement of the tendon. The limited diagnostic ultrasound did not show significant derangement however ultimately I would recommend an MRI to fully evaluate the articular cartilage of the radiocapitellar joint as well as the common extensor tendon." ACOEM and MTUS guidelines do not address repeat MRI scans. ODG states the following for MRI's, "Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. Magnetic resonance may be useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case, the treating physician has documented that there is a progressive worsening of elbow pain following surgery and prior to further surgical decision a new MRI is required. However, there is no evidence that MARS is needed. The IW underwent a tenotomy, which usually does not involve the use of metallic hardware. While the MRI is justified, the use of MARS is not. The current request is not medically necessary.

### **Unknown prescription for Lidoderm patch: 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): Lidoderm (lidocaine patch).

**Decision rationale:** The patient presents with a diagnosis as having right elbow pain status post lateral tenotomy debridement with repair. The current request is for Unknown prescription for

Lidoderm patch. The treating physician makes no reference to the Lidoderm request in the treating report dated 8/3/15 (25A) that accompanied the RFA. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the treating has not documented the location of trial of the lidoderm patches and there is no documentation of neuropathic pain. Additionally there is no detail regarding the proposed usage of the medication in terms of dosage, frequency or duration. MTUS guidelines require much more thorough documentation. The current request is not medically necessary.

**Unknown prescription for Valium: 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): Benzodiazepines.

**Decision rationale:** The patient presents with a diagnosis as having right elbow pain status post lateral tenotomy debridement with repair. The current request is for Unknown prescription for Valium. Valium (diazepam) is a benzodiazepine (ben-zoe-dye-AZE-eh-peens). Diazepam affects chemicals in the brain that may become unbalanced and cause anxiety. The treating physician makes no reference to the Valium request in the treating report dated 8/3/15 (25A) that accompanied the RFA. MTUS guidelines state that Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. In this case, the treating has not documented the duration of prior medication use, if any, and there is no documentation of detail regarding the proposed usage of the medication in terms of dosage, frequency nor duration. MTUS guidelines require much more thorough documentation. The current request is not medically necessary.