

Case Number:	CM15-0174508		
Date Assigned:	09/16/2015	Date of Injury:	05/27/2014
Decision Date:	11/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/04/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old male, who sustained an industrial injury on May 27, 2014, resulting in pain or injury to the right elbow. A review of the medical records indicates that the injured worker is undergoing treatment for tear of common extensor origin of the right lateral elbow with lateral epicondylitis-enthesitis, status post right elbow surgery December 10, 2014, and residual right elbow myofascial pain. On July 15, 2015, the injured worker reported sharp, cramping, throbbing pain over the lateral aspect of the right elbow and into the dorsum of the right forearm, with swelling of the right elbow, numbness of the lateral aspect of the right elbow and proximal right forearm, and decreased grip strength in his right hand. The Comprehensive Orthopaedic Evaluation and Management report dated July 15, 2015, noted the injured worker was not taking any medications at the time. Physical examination was noted to show pain elicited to palpation over the common extensor tendon group and over the lateral epicondyle. X-rays of the injured worker's right elbow were noted to show a small lateral epicondyloplasty and a small area of calcific density over the lateral elbow. A right elbow MRI from May 13, 2015, was noted to show mild to moderate common extensor tendinosis with a low grade intrasubstance tear at its origin without a full-thickness component or tendon restriction and no acute osseous abnormality. The Physician noted a normal electrodiagnostic study of the right upper limb. Prior treatments have included physical therapy, cortisone injections to the right elbow, right elbow surgery, and occupational therapy. The treatment plan was noted to include a request for authorization for acupuncture treatments to the right elbow, continued home exercise program (HEP), a non-steroid anti-inflammatory drug (NSAID) in the form of Celebrex, a topical compound, and access to durable medical equipment-TENS unit to be used as

part of his independent home exercise program (HEP). The injured worker was noted to be temporarily partially disabled with recommended work modifications. The request for authorization dated August 4, 2015, requested acupuncture 2 times a week for 4 weeks, topical Ketoprofen/Diclofenac/Gabapentin/Lidocaine, Multi stim unit plus supplies, and Celecoxib 200mg #60. The Utilization Review (UR) dated August 18, 2015, non-certified the requests for acupuncture 2 times a week for 4 weeks, topical Ketoprofen/Diclofenac/Gabapentin/Lidocaine, Multi stim unit plus supplies, and Celecoxib 200mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS recommends acupuncture as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication -induced nausea, promote relaxation in an anxious patient and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments. 1-3 times a week for 1-2 months. This passive intervention should be an adjunct to active rehab efforts. A review of the injured workers medical records reveal that acupuncture is being requested as an adjunct to his other treatments, which have included physical therapy and surgical intervention and medications. He is continuing a home exercise program and it appears that he will benefit from the use of acupuncture, therefore the request for Acupuncture 2 times a week for 4 weeks is medically necessary.

Topical, Ketoprofen/Diclofenac/Gabapentin/Lidocaine: 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): Topical Analgesics.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, also this

combination of medications is not supported by the guidelines, therefore the request for Topical, Ketoprofen/Diclofenac/Gabapentin/Lidocaine is not medically necessary.

Multi stim unit plus supplies: Overturned

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): Transcutaneous electrotherapy.

Decision rationale: Per the MTUS, transcutaneous electrotherapy is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The MTUS criteria for the use of TENS: Chronic intractable pain, documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. A review of the injured workers medical records reveals that the injured worker has benefited from transcutaneous electrotherapy treatment during physical therapy, home based use of a TENS unit appears appropriate for this injured worker as an adjunct to his other treatments, therefore the request for Multi stim unit plus supplies is medically necessary.

Celecoxib 200mg #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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the MTUS, NSAIDs and COX-2 NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded

that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on this. Unfortunately there is no rationale given in the medical records available for my review for the choice of this medication over a regular first line recommended NSAID, without this information medical necessity is not established. Therefore the request for Celecoxib 200mg #60 is not medically necessary.