

Case Number:	CM15-0179663		
Date Assigned:	09/21/2015	Date of Injury:	01/17/2013
Decision Date:	11/13/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/11/2015

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: Emergency 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 35 year old female who sustained an industrial injury on 1-17-13. The injured worker reported pain in the neck, back, upper extremities and bilateral ankles. A review of the medical records indicates that the injured worker is undergoing treatments for left cubital tunnel syndrome, cervical spine strain sprain, lumbar spine strain sprain, and left foot sprain strain. Medical records dated 7-2-15 indicate pain rated at 5 to 7 out of 10. Provider documentation dated 7-2-15 noted the work status as temporary totally disabled. Treatment has included injection therapy, nerve conduction velocity study and electromyography (4-29-15), and Sudoscan (2-11-15), status post bilateral elbow surgery, status post bilateral wrist surgery, and status post right ankle surgery. Objective findings dated 7-2-15 were notable for decreased cervical, right elbow, lumbar and right ankle range of motion. The original utilization review (8-11-15) partially approved a request for HNPC1: Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5% and Hyaluronic Acid 0.2% in cream base 240 grams, Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2% and Hyaluronic Acid 0.2% in cream base 240mg HWPC2, Kenalog injection, left lateral epicondyle, and Acupuncture 2 times a week for 4 weeks for left lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

HNPC1: Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5% and Hyaluronic Acid 0.2% in cream base 240 grams: 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: The request is for the use of a compounded medication for topical use to aid in pain relief. These products contain multiple ingredients which each have specific properties and mechanisms of action. The MTUS guidelines state the following: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the use of gabapentin is stated to be not indicated for use for the patient's condition. The guidelines state the following: Gabapentin: Not recommended. There is no peer-reviewed literature to support use. As such, the request is not medically necessary.

Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2% and Hyaluronic Acid 0.2% in cream base 240mg HWPC2: 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: The request is for the use of a compounded medication for topical use to aid in pain relief. These products contain multiple ingredients which each have specific properties and mechanisms of action. The MTUS guidelines state the following: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the compounded topical treatment contains an NSAID. Qualifying factors for this product is indicated by the following per the guidelines: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. FDA-approved agents: Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, as stated above, the patient would not qualify for the use of a topical NSAID. This is based on the diagnosis and treatment duration. As such, the request is not medically necessary.

Kenalog injection, left lateral epicondyle: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (acute & chronic)/injections (corticosteroid).

Decision rationale: The request is for a corticosteroid injection in the elbow to aid in pain relief. The official disability guidelines state the following regarding this topic: Not recommended as a routine intervention for epicondylitis, based on recent research. In the past a single injection was suggested as a possibility for short-term pain relief in cases of severe pain from epicondylitis, but beneficial effects persist only for a short time, and the long-term outcome could be poor. (Boisubert, 2004) The significant short-term benefits of corticosteroid injection are paradoxically reversed after six weeks, with high recurrence rates, implying that this treatment should be used with caution in the management of tennis elbow. (Bisset, 2006) While there is some benefit in short-term relief of pain, patients requiring multiple corticosteroid injections to alleviate pain have a guarded prognosis for continued non-operative management. Corticosteroid injection does not provide any long-term clinically significant improvement in the outcome of epicondylitis, and rehabilitation should be the first line of treatment in acute cases, but injections combined with work modification may have benefit. (Assendelft, 1996) (Bowen, 2001) (Reveille, 1997) (AHRQ, 2002) (Newcomer, 2001) (Smidt, 2002) (Stahl, 1997) (Crowther, 2002) (Smidt, 2005) In this case, this treatment is not indicated. This is secondary to poor evidence-based outcomes revealing long-term benefit. As such, the request is not medically necessary.

Acupuncture 2 times a week for 4 weeks for left lateral epicondylitis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow/acupuncture.

Decision rationale: The request is for acupuncture of the elbow. The official disability guidelines state the following regarding this topic: Recommended only for short-term treatment of lateral epicondyle pain. No studies have demonstrated long-term relief. It is possible to tentatively conclude that acupuncture is an effective palliative treatment for epicondylitis; however, no trial assessed potential adverse effects. Further trials are needed before definitive conclusions can be drawn. In general, it would not be advisable to use these modalities beyond 2- 3 visits if signs of objective progress towards functional restoration are not demonstrated. (Trinh, 2004) (Bisset, 2005) (Boisubert, 2004) Several trials have evaluated the effect of acupuncture on epicondylitis, and they report better short term global outcomes and greater pain relief for patients treated with acupuncture (vs. control). (Green-Cochrane, 2002) (AHRQ, 2002) (Fink, 2002) A recent review determined, with good evidence, that a number of treatments, including acupuncture, exercise therapy, manipulations and mobilizations, ultrasound, phonophoresis, and ionization with Diclofenac all show positive effects in the reduction of pain or improvement in function for patients with lateral epicondylitis. (Trudel, 2004) For an overview of acupuncture and other conditions in which this modality is recommended see the Pain Chapter. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement of VAS score, treatment can be approved up to a total of 8 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) In this case, an initial trail of 3-4 visits over 2 weeks is indicated as stated above. The number of treatments requested is not supported by the guidelines and would not be medically necessary.