

Case Number:	CM14-0141270		
Date Assigned:	09/10/2014	Date of Injury:	09/09/2013
Decision Date:	10/07/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 32 year old male with reported date of industrial injury of 9/9/2013. He was seen in the primary treating physician's office on 7/18/2014. His pain level was 3/10 and location of pain was right upper extremity at the level of the lateral epicondyle. Reportedly, home exercise and transcutaneous electrical nerve stimulation (TENS) unit were noted to be helpful. He was noted to not be utilizing any pain medications. Pain was managed with a topical cream and TENS unit. Diagnoses included myofascial pain, cervical radiculitis and pain in the right upper arm. Request for Menthoderm cream and TENS patch was submitted. He was seen on 1/17/2014 by another physician who noted that he had pain of the right upper extremity and tenderness at the level of the right epicondyle. There were paresthesias of the right upper extremities, along with a positive Tinel's test but bilateral Phalen's tests were negative. A request for Menthoderm and nerve conduction study (NCS) was submitted. He was also sent for acupuncture, six sessions, for treatment of pain. He was seen at an urgent care on 11/4/2013 wherein right upper extremity pain was documented, at the level of the lateral epicondyle. He was noted to be taking ibuprofen 600 mg orally after work. He was noted to have returned to work allowance but had been laid off. Previously, he was seen in the same urgent care center on 10/7/2013 and diagnosed with lateral epicondylitis. There was no change in his medical condition over the visits at this particular facility. A supplemental QME report was issued on 7/25/2014 noting that the patient had a paralabral ganglion cyst, tendinosis of the biceps tendon, straightening of the cervical spine with a 1.4 mm broad based bulge of the C5-C6 disk with mild impingement of the thecal sac. Possibilities of adhesive capsulitis of the shoulder and possible tendon of biceps tear were noted. The QME examination of 4/22/2014 was also reviewed and the physician's impression was that of possibly cervical radiculitis, equivocal nerve conduction

studies and electromyography (EMG) and lateral epicondylitis along with possible tendon tear at the level of the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Patches times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) Interventions, TENS, page(s) 988.

Decision rationale: TENS units and the requisite patches are not recommended in patients who are not participating in a comprehensive rehabilitative program that includes more efficacious treatments for pain and myofascial pain. Such treatments include medications at adequate doses, physical therapy, heat and ice, surgical treatment and topical medications. In those instances, the use of TENS may facilitate, as an adjunct, to relief of pain and improved participation in rehabilitation. The patient is not part of a comprehensive treatment program at this point. He has not received adequate doses of anti-inflammatories, no physical therapy, no adequate rest, activity modification, surgical consideration or appropriate imaging of the elbow and no local injections or appropriate anti-inflammatories locally. He received ibuprofen for an unknown period of time and that too only once or twice a day and at 600 mg at a time, while he is an overweight man with a body weight of nearly 90 kg. Further, he has only had Methoderm ointment / cream application locally. As such, per the cited guidelines, the request is not medically necessary.

Methoderm times 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Pain (Chronic), Topical analgesics, Compounded

Decision rationale: Methoderm contains methyl salicylate which is an anti-irritant and analgesic, mild anti-inflammatory, and menthol, which is also a mild anti-irritant. The efficacy of this combination is not proven by any controlled clinical study. Further, typically, non-steroidal anti-inflammatory drug (NSAID) used topically are efficacious in acute, mild and minor sprains and strains, with loss of efficacy over 2-4 weeks. As such, this topical analgesic combination is certainly not the ideal agent to treat this patient's chronic pain (since 9/9/2013, over a year now). Therefore, based on applicable guidelines cited, the request is not medically necessary.

