

<b>Case Number:</b>	CM14-0055350		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/01/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old female with a reported date of injury on 04/10/2012. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with left elbow, right elbow, and right wrist discomfort. Upon physical examination, the injured worker's left elbow presented with mild tenderness along the lateral epicondyle. The left elbow range of motion presented as full with no joint pain. The injured worker's right elbow was tender along the lateral epicondyle; motion of the elbow was full with no joint pain. The right wrist presented with subtle clicking at the right distal joint, there was no tenderness noted. In addition, the right wrist demonstrated full range of motion, full forearm pronation and supination. According to the documentation provided, the injured worker previously participated in 12 sessions of physical therapy and acupuncture. The left wrist MRI dated 01/02/2013 revealed moderately increased signal involving the ulnar aspect of the articular disc of the triangular fibrocartilagenous complex, without a full thickness tear. The left elbow MRI dated 01/02/2013 revealed no acute fracture, dislocation, or focal aggressive osseous lesions were evident. The injured worker's diagnoses included chronic lateral epicondylitis, right/left elbow, medial epicondylitis right elbow and bilateral elbow pain. The injured worker's medication regimen included Vicodin and Lorazepam. The Request for Authorization for acupuncture x 12 for right elbow, PRP injection, left elbow, Vicodin 5/325 mg #60, and Lorazepam 0.5 mg #60 was submitted on 04/21/2014. A rationale for the request was not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 12 for right elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Guidelines recommend the time to produce functional improvement with acupuncture is 3 to 6 treatments, with a frequency of 1 to 3 times per week, and optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. According to the clinical documentation provided for review, the injured worker has utilized acupuncture for the left elbow with minimal effect. In addition, the guidelines state that the time to produce functional improvement is 3 to 6 treatments, and acupuncture may be extended if functional improvement is documented. The request for 12 acupuncture visits for the right elbow exceeds the recommended guidelines. In addition, there is a lack of documentation related to the use of physical therapy in addition to acupuncture treatments. The clinical information provided, lacks documentation of medication being reduced or not tolerated. Therefore, the request for acupuncture x 12 for right elbow is not medically necessary.

**PRP injection, left elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Elbow Guidelines relating to PRP.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Platelet- rich Plasma (PRP).

**Decision rationale:** The Official Disability Guidelines recommend single injection of platelet rich plasma as a second line therapy for chronic lateral epicondylitis after first line therapies such as eccentric loading, stretching and strengthening exercises, based on recent research. This small pilot study found that 15 patients with chronic elbow tendinosis treated with buffered platelet- rich plasma showed an 81% improvement in their visual analog pain scores after six months, and concluded that PRP should be considered before surgical intervention. Further evaluation of this novel treatment is warranted. Upon physical examination, the physician indicated the injured worker had increasing pain with wrist and finger extension. The elbow range of motion showed that the injured worker was able to bring the joint to full extension, but with lateral pain. There is a lack of documentation related to the injured worker's VAS pain scale, and range of motion values in degrees. There is a lack of documentation related to the objective clinical findings and functional deficits. In addition there is a lack of documentation provided related to previous physical therapy. The guidelines recommend that further evaluation of this novel treatment is warranted. Therefore, the request for PRP injection left elbow is not medically necessary.

**Vicodin 5/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids On-going Management, Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the documentation provided for review, the injured worker has utilized Vicodin prior to 08/29/2013. There is a lack of documentation related to the injured worker's VAS pain scale. There is a lack of documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The clinical information provided for review lacks documentation related to the therapeutic and functional limitation benefit in the long term utilization of Vicodin. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Vicodin 5/325 mg #60 is not medically necessary.

**Lorazepam 0.5mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Guidelines relating to opioids or sedative medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend benzodiazepines for long term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. There was a lack of documentation related to the injured worker's anxiety. The rationale for the continued use of Lorazepam was not provided within the documentation available for review. According to the clinical information, the injured worker has utilized Lorazepam prior to 08/29/2013. There is a lack of documentation related to the functional and therapeutic benefit related to the long term utilization of Lorazepam. In addition, the California MTUS Guidelines do not recommend benzodiazepine for long term use. Most guidelines limit use to 4 weeks. The request as submitted failed to provide frequency and directions for use. Therefore, the request for Lorazepam 0.5 mg #60 is not medically necessary.