

<b>Case Number:</b>	CM13-0012107		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of August 5, 2011. The applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; an elbow brace; and reported return to regular work. In a Utilization Review Report of August 7, 2013, the claims administrator noted that the applicant carry diagnosis of lateral epicondylitis. The claims administrator denied request for Duexis and tramadol while partially certifying six sessions of physical therapy and one elbow brace. The claims administrator based denials on illegible progress notes. The applicant subsequently appealed. In a handwritten progress note of January 28, 2014, it is acknowledged that the applicant carries the diagnosis of lateral epicondylitis. The progress note is difficult to follow. The applicant was returned to regular work. Multiple progress notes interspersed throughout 2013 also suggest the applicant is working regular duty. In an earlier handwritten note of July 23, 2013, the applicant was described as reporting persistent elbow pain, 8-9/10. The applicant exhibits tenderness about the lateral epicondyle. Duexis, tramadol, and an elbow support were endorsed while the applicant was returned to regular work. In an earlier note of March 12, 2013, the applicant was described as having ongoing issues with left lateral epicondylitis. At that point, the attending provider felt that the lateral epicondylitis would be self-limiting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSIOTHERAPY FOR THE LEFT ELBOW/ARM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTER 3/PHYSICAL MEDICINES TOPIC Page(s): 48,99.

**Decision rationale:** While page 99 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does support up to 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issue seemingly present here. The MTUS Guideline in American College of Occupational and Environmental Medicine (ACOEM) Chapter 3, page 48 states that it is incumbent upon the attending provider to furnish a prescription for physical therapy which clearly states treatment goals. In this case, however, it was not clearly stated what the goals of further treatment were. The applicant had already returned to regular work. It was not clearly stated how much prior therapy the applicant had had over the life of the claim. Therefore, the request for unspecified amounts of physical therapy remains not certified, on Independent Medical Review.

**DUEXIS (UNSPECIFIED STRENGTH AND QUANTITY):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT - INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES, PAIN (CHRONIC)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

**Decision rationale:** Duexis, per the National Library of medicine, is an amalgam of ibuprofen and famotidine. Famotidine is an H2 antagonist. While page 69 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does support provision of H2 antagonist in applicants who develop Non-steroidal anti-inflammatory drug (NSAID) induced dyspepsia, in this case, however, the sparse and handwritten documentation does not establish the presence of any issues with dyspepsia, either NSAID induced or stand-alone. Therefore, the request for Duexis, an amalgam of ibuprofen and famotidine, is not certified as the Duexis component of the request cannot be supported based solely on the scant information on file.

**TRAMADOL 150MG (UNSPECIFIED QUANTITY):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94,113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL SECTION/WHEN TO CONTINUE OPIOIDS Page(s): 94,80.

**Decision rationale:** Tramadol is a synthetic opioid which is indicated in the treatment of moderate-to-severe pain, per page 94 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, the applicant's successful return to regular work as a janitor does constitute prima facie evidence of improvement with ongoing tramadol usage. Accordingly, the request is certified.