

Case Number:	CM13-0025017		
Date Assigned:	11/20/2013	Date of Injury:	09/27/2011
Decision Date:	01/30/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 patient is a 35-year-old male with a date of injury of 9/27/2011. Available for review was a progress report, dated 10/25/2012, from provider [REDACTED]. Per this reporting, the patient complained of continued and increased bilateral elbow pain, persistent left shoulder pain, and increased low back pain with bilateral lower extremity pain. He also reported increased bilateral elbow pain despite modified duties. [REDACTED] examination indicated epicondyle pain bilaterally, with the lateral epicondyle being greater than the medial. Also noted was a painful decreased range of motion and a positive indicator for lateral epicondylitis. The patient was scheduled for left elbow surgery with [REDACTED] on 11/7/2012. The patient noted that he was not interested in any additional injections. The provider indicated that they would pursue right elbow surgery after the left elbow surgery. The patient was recommended to finish the remaining sessions of chiropractic care and to continue his home exercise program. [REDACTED] recommended a diagnostic ultrasound of the lumbar spine, refilled Norco, Zanaflex, and Prilosec. Also a Penicillin intramuscular injection was noted. Also, a hand written note indicated that patient was prescribed omeperazole for his symptoms of persistent gastritis due to prior NSAID use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 dispensed on 10/25/12: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs & GI symptoms Page(s): 68.

Decision rationale: Omeprazole is a proton-pump inhibitor (PPI) which can be used as a co-treatment of patients on NSAID therapy who are at risk of gastro-intestinal bleeding. CA-MTUS Guidelines recommend to determine first the risk factors for gastrointestinal events and cardiovascular disease. When a patient is at a low risk for gastrointestinal event and cardiovascular disease, a full-dose naproxen is the preferred choice of NSAID medication. The guidelines confirm that GI prophylaxis is indicated in patients with history of peptic ulcer, GI bleed perforation, patients above 65-years of age, patients prescribed aspirin, steroids, anticoagulants and NSAIDs either single or in multiple doses. According to medical records, the patient did not have a history of gastrointestinal issues, and additionally, the patient was not concurrently prescribed aspirin, corticosteroids, anticoagulants, or a high dose of NSAIDs that have caused an adverse reaction in the past. Taking into consideration the above discussion, the retrospective request for omeprazole 30mg #30 is medically necessary since the patient has history of gastritis from previous NSAID use, according to the treating physician.

Cephalexin 500mg #30 dispensed on 10/30/12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Infectious Diseases, Keflex.

Decision rationale: CA-MTUS is mute on Cephalexin therapy. However, the ODG recommend this antibiotic as a first-line treatment for cellulitis and other conditions. However the treating physician did not provide any qualifying diagnosis that will require antibiotic treatment, therefore the request for Cephalexin 500mg is not medically necessary.

Hydrocodone/APAP 5, 325mg #60 dispensed on 10/25/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

Decision rationale: CA-MTUS Chronic Pain Medical Treatment Guidelines indicate that Norco (hydrocodone) is a semi-synthetic opioid, which is considered the most potent oral opioid, and Acetamenophen is Indicated for moderate to moderately severe pain. However, page 76 and 77 of the guidelines stipulate specific criteria to follow before a trial of opioids for chronic pain management. Evidence-based guidelines recommend the use of opioid pain medications for the

short-term treatment of moderate to severe pain. Ongoing use of opiate medication may be recommended with documented pain relief, an increase in functional improvement, a return to work and evidence of proper use of the medications. CA-MTUS section on Opioids Ongoing Management recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient has been on an opioid since 6/22/2012. There was no indication of any improvement in function or pain at the progress report, dated 10/25/2012, but rather the patient reported increased and persistent pain. Therefore the request for Hydrocodone/APAP 5/325mg was not medically necessary

Hydrocodone/APAP 10, 325mg dispensed on 10/30/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

Decision rationale: CA-MTUS Chronic Pain Medical Treatment Guidelines indicate that Norco (hydrocodone) is a semi-synthetic opioid, which is considered the most potent oral opioid, and Acetamenophen is Indicated for moderate to moderately severe pain. However, page 76 and 77 of the guidelines stipulate specific criteria to follow before a trial of opioids for chronic pain management. Evidence-based guidelines recommend the use of opioid pain medications for the short-term treatment of moderate to severe pain. Ongoing use of opiate medication may be recommended with documented pain relief, an increase in functional improvement, a return to work and evidence of proper use of the medications. CA-MTUS section on Opioids Ongoing Management recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient has been on an opioid since 6/22/2012. There was no indication of any improvement in function or pain at the progress report, dated 10/25/2012, but rather the patient reported increased and persistent pain. Therefore the request for Hydrocodone/APAP 5/325mg was not medically necessary.