

Case Number:	CM13-0035371		
Date Assigned:	04/25/2014	Date of Injury:	09/24/2010
Decision Date:	07/04/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/16/2013

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 patient is a 56-year-old male who has submitted a claim for brachial neuritis or radiculitis NOS associated with an industrial injury date of September 24, 2010. Medical records from 2012 to 2013 were reviewed. The patient complains of pain and intermittent popping with extension of the right elbow. Physical examination showed tenderness and limitation of motion of the cervical spine; tenderness over the right lateral epicondyle; positive Tinel's in the ulnar groove; positive elbow flexion test; positive impingement maneuver; and positive Tinel's and Phalen's test at the bilateral wrist and hands. Diagnoses include cervical spine strain/sprains, right upper extremity radiculopathy; right shoulder strain/sprain; and right lateral epicondylitis, rule out tear. The patient's medications include Ultracet, Condrolite and omeprazole; all were taken as far back as December 2012. Treatment to date has included oral and topical analgesics, occupational therapy, home exercise program and lateral epicondyle cortisone injections. Utilization review from September 10, 2013 denied the requests for omeprazole 20mg #20 because intermediate risk for GI events are not documented in this case; Ultracet 325mg #60 because there was no documentation of acute pain or a positive response from the medication; and nabumetone 500mg #60 and Condrolite 500/20mg #90 because these are only recommended for the treatment of osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

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

Decision rationale: Page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines state that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed with proton pump inhibitors (PPI). In this case, patient is on multiple medications including opioids, NSAIDs, and omeprazole since December 2012. However, there was no subjective report of adverse gastrointestinal events that will corroborate the necessity of a PPI. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Omeprazole 20mg #20 is not medically necessary.

ULTRACET 325MG #60: 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), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Ultracet as far back as December 2012. However, there was no documentation of continued analgesia and functional gains derived from its use. Moreover, there was no evidence of monitoring for aberrant drug-taking behaviors. The guideline criteria were not met. Therefore, the request for Ultracet 325mg #60 is not medically necessary.

NABUMETONE 500MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone Page(s): 72, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: Pages 67-68 of the California MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDs are useful in treating breakthrough and mixed pain conditions such as neuropathic pain, osteoarthritis, and back pain. There is no evidence for long-term effectiveness for pain and function. In this case, the patient has been diagnosed with cervicalgia

with radiculopathy to the right upper extremity. The patient has been on Anaprox as far back as December 2012; while Nabumetone was prescribed on September 2013. It is unclear whether these medications are taken at the same time, which is not recommended. Moreover, the indication for Nabumetone was not documented. The medical necessity has not been established. Therefore, the request for Nabumetone 500mg #60 was not medically necessary.

CONDROLITE 500/200MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (Chondroitin Sulfate) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: Condrolite is a medical supplement consisting of glucosamine sulfate 500mg, chondroitin sulfate 200mg, and MSM 150mg. Page 50 of the California MTUS Chronic Pain Medical Treatment Guidelines state that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Methylsulfonylmethane (MSM) is not FDA approved. In this case, patient does not have osteoarthritis that would necessitate use of this supplement. There is no clear rationale for the use of this supplement. Therefore, the request for Condrolite 500/200mg #90 is not medically necessary.