

Case Number:	CM13-0035386		
Date Assigned:	12/13/2013	Date of Injury:	04/18/2011
Decision Date:	02/28/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine and Rehabilitation 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 40-year-old female who reported an injury on 4/18/11. The patient is diagnosed with right elbow neuralgia, right elbow sprain and strain, right medial epicondylitis, status post surgery to the right elbow, right carpal tunnel syndrome, right wrist sprain and strain, anxiety, and depression. The patient was seen on 8/07/13 and the patient reported persistent right elbow pain as well as right wrist pain. A physical examination revealed 3+ tenderness to palpation of the medial elbow and lateral wrist, positive Tinel's testing on the right, positive Phalen's testing, and psychological complaints. The treatment recommendations included continuation of current medication including Norco, Flexeril, Omeprazole, gabacyclotram, Terocin, Laxacin, and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology to follow medical adherence: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

Decision rationale: MTUS guidelines indicate that drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Guidelines further indicate that patients at low risk of addiction or aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this patient's case, the medical records submitted for review indicates that the patient's injury was over two years ago, and there is no indication of noncompliance or misuse of medication. Moreover, there is no evidence that this patient falls under a high risk category that would require frequent monitoring. Therefore, the current request cannot be determined as medically appropriate. The request for toxicology to follow medical adherence is not medically necessary and appropriate.

Vicodin ES 7.5/750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: MTUS guidelines indicate that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics and that baseline pain and functional assessment should be made. Guidelines further indicate that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this patient's case, the medical records submitted for review indicate that the patient has continuously utilized this medication and despite ongoing use, the patient continued to report persistent pain. Moreover, a satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. The request for Vicodin ES 7.5/750mg #60 is not medically necessary and appropriate.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: MTUS guidelines indicates that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events and that patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective non-steroidal anti-inflammatory drug (NSAIDS). In this patient's case, the medical records provided fail to show evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for a proton pump inhibitor. The request for Omeprazole 20mg #60 is not medically necessary and appropriate.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: MTUS guidelines indicate that muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain and that cyclobenzaprine should not be used for longer than 2 to 3 weeks. In this patient's case, the medical records submitted for review do not reveal documentation of palpable muscle spasm, muscle tension, or spasticity upon physical examination. Therefore, as guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. The request for cyclobenzaprine 7.5mg #60 is not medically necessary and appropriate.