

Case Number:	CM13-0039336		
Date Assigned:	12/18/2013	Date of Injury:	09/20/2010
Decision Date:	03/18/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/04/2013

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 Texas. 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 42-year-old female who reported an injury on 09/20/2010. The mechanism of injury was noted to be a hard hit to the elbow on a hard object as it was noted to feel as if the patient was hitting her crazy bone. Per the documentation of 11/03/2012, the patient was noted to have an EMG of the right arm that was normal. The patient had a nerve conduction study additionally that indicated that the study was upper limit normal to perhaps a minimal prolongation of the mid-palmar sensory latency without other abnormalities; specifically there was no slowing of the ulnar motor velocity across the elbow. Additionally, per the documentation, [REDACTED] saw the patient on 03/08/2011 and indicated the patient had a fluoroscopy of the elbow that was unremarkable. The patient was noted to have chiropractic care in 2011. The patient was noted to have weakness against resistance at 5-/5 to elbow flexion and extension. Elbow extension was 180 degrees and flexion was 140 degrees. The diagnosis was noted to be epicondylitis of the right elbow. The request was made for referral to a psychiatrist, fluoroscopy of the right elbow, and medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

referral to a Psychiatrist: Upheld

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

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

Decision rationale: California MTUS Guidelines indicate there should be consideration of a psychiatric consult if there is evidence of depression, anxiety, or irritability. The clinical documentation submitted for review indicated the patient had stated she had depression and the physician documented the patient had depression. However, there was a lack of documentation indicating the patient had an examination which included documentation of subjective signs or symptoms of depression. Given the above, the request for referral to psychiatrist is not medically necessary

Fluoroscopy of the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: ACOEM Guidelines indicate the criteria for ordering imaging studies are that the imaging studies will result in a substantial change in the treatment plan, the emergence of a red flag, and failure to progress in a rehabilitation program with evidence of significant tissue insult or neurologic dysfunction that has shown to be correctable by invasive treatment and in agreement by the patient to undergo invasive treatment if the presence of a correctable lesion is confirmed. The clinical documentation submitted for review indicated the patient had an EMG and NCV. Additionally, the patient may have a plain film radiography to rule out osteomyelitis or joint effusion in the case of significant septic olecranon bursitis, electromyography study if cervical radiculopathy is suspected as a cause for lateral arm pain and that condition has been present for at least 6 weeks, and a nerve conduction study and possible EMG if severe nerve entrapment is suspected on the basis of physical examination, and there is failure to respond to conservative treatment. The clinical documentation submitted for review indicated the patient had a prior electrodiagnostic study and the EMG was noted to be normal, the nerve conduction study was noted to be in the upper limit of normal to perhaps a minimal prolongation of the mid-palmar sensory latency without other abnormalities; specifically there was no slowing of the ulnar motor velocity across the elbow. Additionally, the patient was noted to undergo a fluoroscopy per the submitted documentation and the fluoroscopy was noted to be unremarkable in the office note of 03/08/2011. The patient was noted to have a plain x-ray that was normal. There was a lack of documentation indicating the imaging study result would substantially change the patient's treatment plan. The request as submitted was for fluoroscopy of the right elbow for further diagnostic studies. However, given the indication that the patient had prior fluoroscopy that was normal, had x-rays that were normal, had an EMG that was normal, and had a nerve conduction study that was in the upper limits of normal, there was a lack of documentation indicating the necessity for the request. There was a lack of documentation indicating the patient had a significant change in symptomatology as well as objective findings to support the request. Given the above, the request for fluoroscopy of the right elbow is not medically necessary.

Gabapentin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60.

Decision rationale: California MTUS Guidelines indicate that medications for neuropathic pain include antiepilepsy drugs. They recommend that there should be documentation of objective functional improvement as well as a decrease in objective VAS scores. The clinical documentation indicates that the patient was taking the medication for neuropathic pain. The patient was noted to have pain in the right elbow and numbness in the right hand. There was a lack of documentation of objective functional improvement as well as a decrease in the VAS score to support the use of the medications. Additionally, there was a lack of documentation indicating the quantity of gabapentin being requested. Given the above, the request for gabapentin 600 mg is not medically necessary

Effexor 75mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, effexor Page(s): 60, 123.

Decision rationale: California MTUS Guidelines indicate that medications for chronic pain, antidepressants medication, has FDA approval for treatment of depression and anxiety disorders. The guidelines recommend that there should be documentation of objective functional improvement. The clinical documentation indicated the patient was taking the medication for depression. There was a lack of documentation of objective functional improvement. Additionally, there was a lack of documentation indicating the quantity of Effexor being requested. Given the above, the request for Effexor 75 mg is not medically necessary.

Tramadol ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, ongoing management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines indicate that medications for chronic pain include opioids. There should be a documentation of an objective decrease in the VAS score, objective functional improvement, adverse side effects, and aberrant drug behavior. The clinical

documentation indicated the patient was taking Tramadol for long-acting pain relief. The clinical documentation submitted for review failed to provide documentation of the above recommendations. Additionally, per the submitted request, there was a lack of documentation of the quantity of tramadol being requested. Given the above, the request for tramadol ER 150 mg is not medically necessary

Naproxen Sodium 550mg: Upheld

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

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

Decision rationale: California MTUS Guidelines indicate that naproxen is a nonsteroidal anti-inflammatory medication for the relief of signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement as well as a decrease in the VAS scores. The patient was noted to be taking Naproxen for anti-inflammation. The clinical documentation submitted for review failed to provide documentation of the above recommendation. The request as submitted failed to indicate a quantity being requested. Given the above, the request for naproxen sodium 550 mg is not medically necessary.

Prilosec 20mg: Upheld

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

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

Decision rationale: California MTUS recommends Proton Pump Inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The request was noted to be made as a buffer for the stomach. Additionally, there was a lack of documentation of signs and symptoms of dyspepsia to support the use of Prilosec. The request as submitted failed to indicate the quantity of medication being requested. As the request for naproxen was not medically necessary, the request for Prilosec is not medically necessary. Given the above, and the lack of documentation, the request for Prilosec 20 mg is not medically necessary

Flexeril 7.5mg: Upheld

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

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

Decision rationale: California MTUS Guidelines indicate that muscle relaxants are indicated for second line treatment of acute exacerbation in chronic low back pain and are indicated for no more than 2 to 3 weeks. The clinical documentation indicated that the patient was taking the medication for muscle spasms. The clinical documentation submitted for review failed to provide the efficacy of the requested medication as well as the functional benefit received from the medication. There was a lack of documentation per the submitted request for the quantity of medication being requested. There was a lack of documentation indicating the patient had a necessity for long-term treatment as the patient was noted to previously be on Flexeril 7.5 mg. Given the above, the request for Flexeril 7.5 mg is not medically necessary.