

Case Number:	CM13-0048894		
Date Assigned:	12/27/2013	Date of Injury:	04/08/2011
Decision Date:	03/06/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/07/2013

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 Family Practice and is licensed to practice in Arizona. 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 53 year old male with a date of injury on 4/1/2011. The patient has the diagnoses of left elbow pain due to chondral lesion in the capitellum, lateral epicondylitis, and left wrist pain due to a TFCC lesion. The patient has subjective complaints of ongoing pain in the elbows and wrists with intermittent numbness and tingling. On exam, the patient has tenderness to left elbow and the base of the left thumb, with a positive Tinel's sign. The patient had an MRI that documented partial TFCC tear. The patient was scheduled for surgery which was subsequently delayed. The patient had previously undergone physical therapy for left elbow. Medications have included Dendracin, Naprosyn, and Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Tramadol Page(s): 75, 93.

Decision rationale: CA MTUS chronic pain guidelines classify tramadol as a central acting opiate analgesic. Therefore this medication is compelled to follow the opioid prescribing

guidelines. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For sub-acute or chronic elbow pain, opioids are limited to concurrent use with an exercise program and then tapered off over several days to 2 weeks. Furthermore, no documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. For this patient, there is no demonstrated improvement in pain or function from long-term use. Therefore the medical necessity of Tramadol ER is not established.

Naproxen sodium 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20, Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: CA MTUS guidelines recommend NSAIDs for use in elbow pain and specifically lateral epicondylitis. Quality studies are available on NSAIDs including chronic pain (more than 3 months) and there is evidence of benefit. Overall, these drugs are low cost, have few side effects and are not invasive. Therefore the use of Naproxen is medically necessary.

Protonix 20mg #60 and the Protonix 20mg #60: Upheld

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

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

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDs. There is no documentation identified that would stratify this patient in an intermediate or high risk GI category. Since the patient has no history of peptic ulcers, GI bleeding, or steroid use, the requested prescription for Protonix is not medically necessary.

Terocin patch #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Lidocaine Page(s): 111-113,56-57.

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. Lidocaine is only recommended if there is documented failure of other first-line agents. Due to Terocin not being in compliance to current use guidelines and without clear documentation of clinical improvement the requested prescription is not medically necessary.

LidoPro lotion 4 oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine and Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. Lidocaine is only recommended if there is documented failure of other first-line agents. Due to Lidopro not being in compliance to current use guidelines and without clear documentation of clinical improvement the requested prescription is not medically necessary.