

Case Number:	CM13-0054983		
Date Assigned:	12/30/2013	Date of Injury:	12/02/2010
Decision Date:	03/18/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/25/2013

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, has a subspecialty in Pain 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 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:

This is a female patient with the date of injury of December 2, 2010. A utilization review determination dated October 8, 2013 recommends non-certification of Prilosec (Omeprazole) 20mg #60, Flexeril 7.5mg #90, TGHOT 180gm, Flurflex 180gm, modification of Vicodin 5/500mg #60, and right elbow lateral epicondylar release and repair. The previous reviewing physician recommended non-certification of Prilosec (Omeprazole) 20mg #60 due to lack of documentation of complaints of gastritis, GERD, or dyspepsia or indications for prophylactic use; non-certification of Flexeril 7.5mg #90 due to lack of documentation of acute pain or an acute exacerbation of chronic pain; non-certification of TGHOT 180gm and Flurflex 180gm due to lack of guidelines support for compound topicals; modification of Vicodin 5/500mg #60 due to lack of documentation of acute pain or an acute exacerbation of chronic pain and guideline recommendations not to stop opioids; and non-certification of right elbow lateral epicondylar release and repair due to lack of documentation of abnormalities on MRI, direct palpation testing of the right lateral elbow structures, and the type of response achieved with injection. An Orthopedic Follow-up Examination dated September 10, 2013 identifies Subjective Complaints of right elbow pain rated at 8/10. The patient had more than 10 failed physical therapy sessions, which gave temporary relief. She had received one right elbow cortisone injection. Objective Findings include tenderness to palpation over the lateral epicondyle. Mills lateral epicondylitis and Cozen's tests are all positive on the right. Assessment includes right elbow lateral epicondylitis. Discussion and Treatment Plan included dispensed medications, request for right elbow lateral epicondylar release and repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (Omeprazole) 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for Prilosec (Omeprazole), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, the patient was given refills of Motrin but it is unclear how consistently they are being taken. Additionally, there is no documentation that the patient is having dyspepsia secondary to NSAID therapy or is at risk with gastrointestinal events with NSAID use. In the absence of such documentation, the currently requested Prilosec (Omeprazole) is not medically necessary.

Flexeril 7.5mg, #90: Upheld

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

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

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

TGHot 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

Decision rationale: Regarding request for TGHot, guidelines state that capsaicin is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. Within the documentation available for review, there's no indication that the patient has obtained any analgesic effect or objective functional improvement from the use of capsaicin cream. Additionally, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested TGHot is not medically necessary.

Flurflex 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Regarding the request for Flurflex, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical flurbiprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical flurbiprofen is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Flurflex is not medically necessary.

Right elbow lateral epicondylar release and repair: Upheld

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): table 10-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Surgery for epicondylitis

Decision rationale: Regarding the request for right elbow lateral epicondylar release and repair, Occupational Medicine Practice Guidelines recommend debridement of inflammatory or scar tissue for patients with epicondylitis if conservative treatment fails. ODG's Criteria includes: Limit to severe entrapment neuropathies, over 95% recover with conservative treatment; 12 months of compliance with non-operative management: Failure to improve with NSAIDs, elbow bands/straps, activity modification, and PT exercise programs to increase range of motion and strength of the musculature around the elbow; Long-term failure with at least one type of injection, ideally with documented short-term relief from the injection. Within the medical information made available for review, the patient has had treatment with physical therapy and an injection. However, it is not clear if the patient has not improved after 12 months of compliance with non-operative management including NSAIDs, elbow bands/straps, and activity

modification. In the absence of such documentation, the currently requested right elbow lateral epicondylar release and repair is not medically necessary.

Vicodin 5/500mg, #60, 1 tablet every 6 to 8 hours as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Vicodin, California Pain Medical Treatment Guidelines state that Vicodin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Vicodin is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Vicodin is not medically necessary.