

<b>Case Number:</b>	CM13-0059944		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 50-year-old male who reported an injury on 03/14/2003, due to cumulative trauma while performing normal job duties. The injury's treatment history included multiple medications, surgical interventions, a TENS unit, and activity modifications. The injured worker's most recent clinical evaluation submitted for review was dated 0706/2012. It was documented that the injured worker had a positive bilateral Tinel's and Phalen's tests, and a positive Tinel's test at the bilateral cubital tunnels. It was documented that the injured worker had decreased grip strength of the right hand. The injured worker's diagnoses at that time included postoperative surgery of the right elbow for lateral epicondylitis with recurrence, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, right third finger triggering, and myofascial pain and chronic strain of the neck, back and right shoulder. A request was made for Ultram 50 mg, Omeprazole 20 mg, Medrox ointment 4 ounces, a urology lab test, and Lidoderm patches. However, there was no documentation to support, or justification for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRAM 50 MG #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Section Page(s): 78.

**Decision rationale:** The requested Ultram 50 mg #100 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. There was no recent clinical documentation to support that the injured worker meets any of these criteria or is provided any pain relief from the requested medication. Therefore, the appropriateness of continued use cannot be determined. As such, the requested Ultram 50 mg #100 is not medically necessary or appropriate.

**OMEPRAZOLE 20 MG #50:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Section Page(s): 68.

**Decision rationale:** The requested Omeprazole 20 mg #50 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for injured workers at risk for developing gastrointestinal events related to medication usage. There was no recent clinical evaluation to determine the injured worker's level of risk for development of gastrointestinal events related to medication usage. Therefore, the appropriateness of this medication cannot be determined. As such, the requested Omeprazole 20 mg #50 is not medically necessary or appropriate.

**MEDROX OINTMENT 4 OZ:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

**Decision rationale:** Topical Analgesics Section

**ONE (1) SEROLOGY: CHEM, CBC AND TSH:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Section Page(s): 69. Decision based on Non-MTUS Citation [www.labtestsonline.org/understanding/analytes/tsh/lab/test](http://www.labtestsonline.org/understanding/analytes/tsh/lab/test).

**Decision rationale:** The requested 1 serology Chem, CBC, and TSH are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends blood work to evaluation hepatic and kidney function related to medication usage. However, the California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address THS testing. An online resource, Labtestsonline.org indicates that this type of testing is appropriate for patients who have physical symptoms of thyroid deficits. There was no recent clinical documentation to support the need for this type of lab testing. Therefore, the appropriateness of the request cannot be determined. As such, the requested 1 serology: Chem, CBC, TSH are not medically necessary or appropriate.

**LIDODERM PATCH 5%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Section and the Topical Analgesics Section Page(s): 60,111.

**Decision rationale:** The requested unknown prescription of Lidoderm patch 5% is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of medications in the management of chronic pain be supported by documentation of functional benefit and evidence of pain relief. Additionally, the California Medical Treatment Utilization Schedule recommends the use of Lidoderm patches when injured workers have failed to respond to oral formulations of anticonvulsants. However, there was no recent clinical documentation to support the request. As such, the requested 1 unknown prescription of Lidoderm patch 5% is not medically necessary or appropriate.