

Case Number:	CM13-0063757		
Date Assigned:	04/30/2014	Date of Injury:	09/08/2010
Decision Date:	06/16/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 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 42-year-old male with reported date of injury on 09/08/2010. The mechanism of injury is not stated in the documentation received for this review. The injured worker had pain with right elbow, but less than pre-operative on post operative visit status post 2 months right lateral release. He had numbness in the right hand intermittently. On office visit on 01/13/2014, the injured worker had right posterior interosseous neuritis (supinator syndrome). The injured worker underwent right elbow, with debridement of soft tissues, curettage of bone, and drilling of lateral humeral epicondyle (03/14/2013). The injured worker also had nerve block (03/14/2013). The injured worker had local tenderness at the scar right elbow, positive Tinel's right elbow, positive elbow flexion test. Grip strength using the Jamar Dynamometer station III was 95/97. The injured worker had a diagnosis for Lateral Epicondylitis, right. The injured worker was give prescription for Vicodin, Ibuprofen and Zantac on an office visit on 11/25/2013. The request for authorization was submitted on 11/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANTAC 150MG #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The injured worker had pain with right elbow, numbness in the right hand intermittently. The California MTUS states if the patient is at risk for gastrointestinal events Zantac would be recommended for this medication. Risk factors include: older than 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of acetylsalicylic acid (ASA), corticosteroids, and or an anticoagulant; high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs), (e.g., NSAIDs + low-dose ASA). The injured worker had no documentation to show medical necessity for this medication. Therefore, based on the lack of documentation that supports the criteria for the use of this medication, the request is not medically necessary.

VICODIN 5/300MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST Page(s): 91.

Decision rationale: The decision for Vicodin 5/300mg # 60 is non-certified. The injured worker had a diagnosis for lateral epicondylitis, right. On office visit on 11/25/2013, medical doctor prescribed Vicodin for pain. The California MTUS states that Vicodin indicated for moderate to moderately severe pain. The injured worker had pain rated 3/10 constant and with activity 5-6/10. The medical documentation received did not address medication management or when and how long he had been on the Ibuprofen. Therefore, the request is not medically necessary based on California MTUS guidelines.