

<b>Case Number:</b>	CM13-0071004		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Occupational 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 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 patient is a 42 year old female who was injured on 04/04/2012. Mechanism of injury is unknown. Prior treatment history has included the following medications Naproxen, Prilosec, Promolaxin, Tramadol, and Mentherm ointment. PR-2 dated 12/10/2013 documented the patient with complaints of frequent moderate dull, achy left elbow pain, numbness and tingling and weakness. She is complaining of frequent moderate dull, achy right elbow pain, numbness and tingling and weakness. Objective findings on examination of the left elbow reveal ranges of motion are decreased and painful (Flexion 130/140, extension 0/0). There is no bruising, swelling, atrophy or lesion present at the left elbow. There is +3 tenderness to palpation of the lateral and medial elbow, lateral epicondyle and forearm. The right elbow reveals ranges of motion are decreased and painful (Flexion 125/140, extension 0/0). There is no bruising, swelling, atrophy or lesion present at the left elbow. There is +2 tenderness to palpation of the lateral and medial elbow. The left wrist ranges of motion are decreased and painful. There is +3 tenderness to palpation of the dorsal wrist. There is +2 tenderness to palpation of the volar wrist, medial wrist, lateral wrist, anatomical snuffbox and thenar. Diagnoses include Left elbow myoligamentous injury, Left lateral epicondylitis, Right lateral epicondylitis, Left carpal tunnel syndrome, Right carpal tunnel syndrome and bilateral cubital tunnel per EMG/NCV 09/04/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR MEDICATIONS, QUANTITY 1: PROMOLAXIN 100MG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Va/Dod Clinical Practice Guidelines for The Management of Opioid Therapy for Chronic Pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid-Induced Constipation Treatment.

**Decision rationale:** The Official Disability Guidelines (ODG) details for Opioid-induced constipation treatment as indicated below. In the section, Opioids, criteria for use, "if prescribing opioids has been determined to be appropriate, ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy." In this case, this patient has been taking Tramadol and therefore this usage appears appropriate and per the above cited guidelines. The retrospective request for Promolaxin 100mg is medically necessary and appropriate.