

Case Number:	CM13-0071093		
Date Assigned:	01/08/2014	Date of Injury:	06/11/2012
Decision Date:	06/05/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/27/2013

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 has submitted a claim for left elbow recalcitrant lateral epicondylitis associated with an industrial injury date of June 11, 2012. Treatment to date has included oral analgesics, muscle relaxants, debridement of lateral epicondylar process/release of extensor tendon lateral epicondyle of the left elbow, extracorporeal shockwave therapy, physical therapy, home exercise program, and elbow support device. Medical records from 2012 to 2013 were reviewed and showed complaints of left elbow pain with occasional numbness and tingling to the fourth and fifth digits of the left hand; neck pain occasionally radiating to the right hand with swelling; right shoulder pain; and stress, depression and difficulty sleeping. Physical examination of the cervical spine revealed a slightly forward head carriage; tenderness with spasm and muscle guarding over the paraspinal musculature and bilateral trapezius muscles; and limitation of motion. Examination of the left elbow showed tenderness over the medial and lateral epicondyles; positive Reverse Cozen's and Tinel's sign on the left; and limitation of motion. The patient has been taking Norco as far back as February 2013; Tramadol for severe pain as far back as July 2013; and Colace since September 17, 2013. X-ray of the left elbow obtained on August 8, 2013 was within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI OF THE LEFT ELBOW WITH GADOLINIUM (GAD) CONTRAST QTY: 1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, MRI Section.

Decision rationale: CA MTUS does not address this topic. The ODG, Elbow Chapter, MRI Section was used instead. MRI may provide important diagnostic information for evaluating the adult elbow in many different conditions. Epicondylitis is a common clinical diagnosis, and MRI is usually not necessary. In this case, the diagnosis of chronic lateral epicondylitis of the left elbow has been established since November 2012. The guidelines do not recommend an MRI for a known and established condition. In addition, the documents did not discuss the indication for the request. The physical examination did not show worsening of the patient's condition that may warrant further investigation by utilizing MRI. The medical necessity has not been established. Therefore, the request for MRI of the left elbow with Gadolinium (GAD) contrast is not medically necessary.

FEXMID 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants, Page(s): 41-42,63.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that cyclobenzaprine is recommended as an option as a short course therapy for management of back pain. Page 63 states that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. In this case, there has been no discussion regarding the previous and current medication regimen of the patient. It is unclear whether the patient has been or is currently on Fexmid, as prolonged use of muscle relaxant is not recommended. The guideline does not recommend muscle relaxants for conditions other than low back pain. Moreover, there was no documentation of acute pain exacerbation in this patient that may warrant its use. Therefore, the request for Fexmid 7.5mg #60 is not medically necessary.

ULTRAM 50MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been taking Norco as far back as February 2013 and Tramadol (Ultram) for severe pain as far back as July 2013; the duration and frequency of use of the medications were not mentioned. However, there is no documentation regarding objective, symptomatic and functional improvements derived from the opioid medications. Therefore, the request for Ultram 50mg #120 is not medically necessary.

COLACE 100MG #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that with opioid therapy, prophylactic treatment of constipation should be initiated. It acts to increase secretions in the gastrointestinal tract, as well as absorption of these secretions by hard stool. In this case, the patient has been on chronic opioid therapy as far back as February 2013. Utilization review dated October 11, 2013 certified a request for Ultram 50mg #120, which signifies that the patient is still on ongoing opioid therapy. Since prophylactic treatment for constipation is stated in the guidelines, the request for Colace 100mg #120 is therefore medically necessary and appropriate.