MAXIMUS Federal Services

Case Number:	CM13-0071290		
Date Assigned:	01/08/2014	Date of Injury:	07/14/2009
Decision Date:	09/16/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	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 Family Practice 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 injured worker is a 48-year-old female who reported an injury on 07/14/2009, while in evening classes a chair broke and she fell, landing in a sitting position. The injured worker had a history of right elbow, right wrist pain with numbness and tingling The injured worker had a diagnosis of right lateral epicondylitis, status post left carpal tunnel syndrome, left De Quervain's disease, status post right carpal tunnel and right De Quervain's disease. The Past treatments included physical therapy, electromyogram, and wrist braces. The MRI of the right elbow, dated 08/16/2013 revealed alignment was anatomic with bone signal intensity within normal limits. No evidence of joint effusion. Medial epicondyle soft tissues were unremarkable. The past surgeries included right shoulder dated 06/06/2013, carpal tunnel release of the left hand dated 03/2012, and carpal tunnel release to the right hand dated 12/2011. The electromyogram/nerve conduction study to the cervical spine and upper extremities with normal electromyogram/nerve conduction study of the cervical spine and upper extremities revealed left mild carpal tunnel syndrome. The objective findings dated 11/2013 revealed+3 tenderness to palpation at the lateral elbow, painful Tinel's. Left wrist range of motion was decreased, flexion 35/60 and extension 39/60 with radial deviation 7/20, ulnar deviation 11/30, tenderness of 3+ to palpation the ulnar, 2 point discrimination greater than 6 mm to index and thumb. Tinel's was positive. Phalen's was positive right wrist. The right wrist range of motion was within normal limits. No bruising, swelling, atrophy or lesions were present to the right wrist with tenderness a 3+ to palpation at the dorsal wrist, ulnar wrist and medial wrist. Tinel's was positive. Phalen's was positive with a 2 point discrimination was greater at 6 mm to the index and thumb. The injured worker reported 8/10 to 9/10 elbow pain and an 8/10 right wrist pain using the VAS. The medications included tramadol, Prilosec, Medrox patches and glucosamine chondroitin. The Request for Authorization form was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing management Page(s): 82, 93, 94, 113; 78.

Decision rationale: The California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The documentation did not address the ongoing monitoring of the analgesics, such as pain with medication, without medication and the duration that the pain medication lasts, the adverse side effects or aberrant drug taking behavior. Per the guidelines tramadol is not recommended for first line oral analgesic. The request did not address the frequency, the dosage or duration. As such, the request is not medically necessary.

PRILOSEC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The California MTUS Guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of nonsteroidal anti-inflammatory drugs, and a history of peptic ulcers. There is also a risk of long-term utilization of the proton pump inhibitors greater than 1 year which has been shown to increase the risk of hip fracture. The documentation was not evident of the length of time the injured worker had been taking the Prilosec and was not documented in the clinical notes dated 11/27/2013. The documentation was not evident that the injured worker had a history of gastrointestinal bleeding, perforations or a history of ulcers. The frequency, duration or dosage was not addressed. As such, the request is not medically necessary.

MEDROX PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Per the guidelines, if 1 component is not recommended then it is not recommended. Capsaicin is not recommended. The request did not address the dosage, duration or frequency. As such, the request is not medically necessary.

GLUCOSAMINE CHONDROITIN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

Decision rationale: The California MTUS Guidelines indicates glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, and mobility. The guidelines indicate that glucosamine is for arthritis to the knees. However, per the documentation provided the injured worker did not have a diagnosis or signs and symptoms of osteoarthritis. The request did not address the frequency, duration or dosage. As such, the request is not medically necessary.