

Case Number:	CM14-0130874		
Date Assigned:	09/05/2014	Date of Injury:	04/06/2013
Decision Date:	09/25/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/15/2014

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:

46 yr. old female claimant sustained a cumulative work injury from 4/6/12-4/6/13 involving the elbow. She was diagnosed with left lateral epicondylitis and chronic elbow pain. A progress note on 1/8/14 indicated the claimant had been on Ketoprofen and Orphenadrine for pain along with Omeprazole for gastric protection. Exam findings were notable for left elbow 8/10 pain with numbness in the ring finger. She had received prior elbow injections and attained 45% pain relief. The treating physician recommended physical therapy and a TENS unit. A progress note on 7/2/14 indicated the claimant had left elbow pain. She had her 1st therapy that day. There was no improvement since the prior visit. The treating physician requested a home TENS unit, and MRI of the elbow and continuation of Ketoprofen, Orphenadrine and Omeprazole along with topical Capsaicin .15% liquid.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 10 Elbow Disorders, page 42. The Expert Reviewer's decision rationale: According to the ACOEM guidelines, "an MRI of the elbow is indicated for suspected tears of the collateral ligaments. It is not indicated for epicondylitis." In addition, there was no plan for surgery or documentation of the expected results to be obtained from an MRI. The MRI of the elbow is not medically necessary.

1 TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ELBOW (ACUTE & CHRONIC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, TENS, pages 113-115. The Expert Reviewer's decision rationale: According to the MTUS guidelines, "a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes." In this case, the claimant did not have the above diagnoses. The length of use was not specified. The request for a TENS unit is not medically necessary.

1 PRESCRIPTION OF KETOPROFEN 75MG #30 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDS, page 67. The Expert Reviewer's decision rationale: Ketoprofen is an NSAID. The claimant had been on NSAIDs for several months. According to the MTUS guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. The claimant did not have improvement in pain or function while on Ketoprofen. The continued use of Ketoprofen is not medically necessary.

1 PRESCRIPTION OF OMEPRAZOLE DR 20MG #30 WITH 2 REFILLS: Upheld

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

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, NSAID, pages 68-69. The Expert Reviewer's decision rationale: According to the MTUS guidelines, "Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk." Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.

1 PRESCRIPTION OF ORPHENADRINE ER 100MG #60 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Muscle Relaxants, page 64-65. The Expert Reviewer's decision rationale: According to the MTUS guidelines, "Orphenadrine (Norflex) is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. It is intended for short-term use and not indicated for epicondylitis." The claimant had been on Norflex for months without recent improvement in pain or function. The continued use of Norflex is not medically necessary.

1 PRESCRIPTION OF CAPSAICIN 0.15% LIQUID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, pages 111-112. The Expert Reviewer's decision rationale: According to the MTUS guidelines, "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Based on the guidelines, the dose of Capsaicin is higher than recommended or needed and is not medically necessary.

