MAXIMUS Federal Services

Case Number:	CM14-0156738		
Date Assigned:	09/26/2014	Date of Injury:	10/14/2013
Decision Date:	10/27/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/24/2014

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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 claims injury 10/14/13 and is diagnosed with a healed fracture of the left elbow, and an ulnar nerve lesion. He had been loading metal on a basket cart, which rolled back and hit his left elbow. He has also been diagnosed with lateral and medial epicondylitis, as well as olecranon bursitis. His treating physicians are appealing the 8/29/14 denial of orthopedic evaluation, omeprazole, TENS unit and urine drug screen. MRI (5/2/14) shows evidence of lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit 30-day trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The patient has not presented information that shows he meets criteria for the TENS unit (noted below) as outlined in the MTUS Guidelines. His March 2014 orthopedic note supporting the TENS request does note at least 3 months of pain, goals of treatment, but doesn't show objective evidence of neuropathic pain. The request is denied.Criteria for the use of

TENS:Chronic intractable pain (for neuropathic pain, CPRS II, phantom limb pain, diabetic neuropathic pain, spasticity in spinal cord injury, or multiple sclerosis):- Documentation of pain of at least three months duration- There is evidence that other appropriate pain modalities have been tried (including medication) and failed- A one-month trial period of the TENS unit should be documented (as an adjunctto ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial- Other ongoing pain treatment should also be documented during the trial period including medication usage- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted- A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary.

Ortho Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: This patient had an orthopedic evaluation recently (6/5/2014). In that evaluation, he provided an extensive review of his history and treatment to date. He felt that the claimant should be referred to a hand surgeon. The MTUS guidelines allow for consultation when treating a particular cause of delayed recovery. An orthopedic one has been done, and another is not medically necessary. It is more appropriate that a specialist in upper extremity ("hand surgeon") evaluate the patient for his ongoing elbow difficulties, not a general orthopedist again. The denial is upheld.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, (Steps before a therapeutic trial) (on-going management) Page(s): 77, 78.

Decision rationale: This patient has not been approved for opioid therapy (hydrocodone / acetaminophen was denied) and hence urine drug screen monitoring is not indicated, per MTUS chronic pain guidelines pertaining to initiating and on-going management of opioids. Per the March 25, 2014 primary treating physician note, the screen was being ordered as part of the assessment for medication management. The opioid should be under consideration before ordering the urine screen, and that is not clearly the case. It is not medically necessary and the denial is upheld.

Omeprazole 20mg , #60: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69-70.

Decision rationale: This patient has not had any GI complaints that would warrant use of a PPI, like omeprazole. He was prescribed Naproxen and then omeprazole ordered. The past medical history in the note requesting the omeprazole (3/25/14) states specifically that he has no history of gastroenterologic problems. "He denies current internal complaints." He does not meet the following criteria for being at-risk for GI events, warranting the need for omeprazole. At risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions.