

Case Number:	CM14-0159737		
Date Assigned:	10/03/2014	Date of Injury:	02/11/2013
Decision Date:	10/30/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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 Medicine and is licensed to practice in Arizona. 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:

Patient is a 49 year old female with a date of injury on 2/11/2013. Subjective complaints are of right elbow pain rated at 5/10. Physical exam shows tenderness at the right elbow. Medications include Omeprazole, Tramadol/APAP, Naproxen, and Methoderm gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20MG #60: Overturned

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 RISK Page(s): 68-69.

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor (PPI) can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDS. This patient is on chronic NSAID

therapy, and is using omeprazole for GI prophylaxis. Therefore, the use of omeprazole is consistent with guideline recommendations and is medically necessary.

Tramadol -APAP 37.5-325MG #90: 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 OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. While ongoing opioids may be needed for this patient, the medical record provides no documentation of MTUS opioid compliance guidelines including risk assessment, urine drug screens, attempts at weaning, and ongoing efficacy of medication. Furthermore, for this patient, there is no demonstrated improvement in function from long-term use. Therefore, the medical necessity of tramadol is not established at this time.

Naproxen 550MG #60: Overturned

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 Page(s): 67-68.

Decision rationale: CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief, and appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. For this patient, moderate pain is present at the elbow. Therefore, the requested Naproxen is consistent with guideline recommendations, and the medical necessity is established.

Menthoderm 120G #1: Overturned

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 TOPICAL ANALGESIC, SALICYLATES Page(s): 111-113, 105.

Decision rationale: Menthoderm is a topical analgesic that contains methyl salicylate and menthol. CA Chronic Pain Guidelines are clear that if the medication contains one drug that is

not recommended the entire product should not be recommended. CA MTUS recognizes that topical salicylates have been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment (ankle, elbow, foot, hand, knee, and wrist). This patient has pain in the elbow, which is a joint that may benefit from topical treatment. Therefore, the requested menthoderm is medically necessary.