

Case Number:	CM14-0167221		
Date Assigned:	10/14/2014	Date of Injury:	07/23/2010
Decision Date:	11/17/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/10/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow, hand, and shoulder pain reportedly associated with an industrial injury of July 23, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and muscle relaxants. In a utilization review report dated September 17, 2014, the claims administrator failed to approve a request for tramadol, Prilosec, and Flexeril. The applicant's attorney subsequently appealed. In an August 15, 2010, progress note, the applicant was given trigger point injections in the clinic setting. The applicant was using Motrin for pain relief. The applicant denied any issues with dyspepsia; it was noted at that point in time. In a September 17, 2013, form, the applicant apparently filed a claim for disability benefits through the [REDACTED] [REDACTED]. In a September 17, 2014, appeal letter, the attending provider stated that the applicant had persistent complaints of shoulder and elbow pain secondary to impingement syndrome, elbow epicondylitis, and cubital tunnel syndrome. The applicant also had issues with carpal tunnel syndrome. MRI imaging of the shoulder was sought to determine the need for surgical intervention, it was stated. In a September 3, 2014, appeal letter, the applicant's treating provider stated that the applicant required tramadol, Prilosec, and Flexeril to manage her pain and associated symptoms. It was stated that ibuprofen and hydrocodone would represent acceptable alternatives here. In a September 11, 2014, progress note, the applicant reported persistent complaints of shoulder, elbow, and forearm pain with associated paresthesias. Diminished grip strength was noted about the right and left hand. Tramadol, Prilosec, and Flexeril were renewed, while the applicant was kept off work, on total temporary disability, for an additional one month. In an earlier note dated July 8, 2014, the applicant was again given refills of tramadol,

Prilosec, and Flexeril and, once again, kept off work, on total temporary disability, for an additional one month. Diminished grip strength was noted. The applicant reported 6-8/10 pain complaints. In an earlier note dated June 12, 2014, the applicant was asked to employ Prilosec for GI discomfort purposes. This was not elaborated or expounded upon in either prior or subsequent notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg#90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is not using NSAIDs. It is not clear what the source of the applicant's dyspepsia is (if any). The applicant was only described as having issues with GI discomfort on one isolated occasion, on June 12, 2014. In the majority of the other progress notes, referenced above, Prilosec was simply refilled, with no explicit discussion of whether or not the applicant had actual symptoms of dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. There was no mention of whether or not Prilosec was effective in attenuating the symptoms of dyspepsia (if any), moreover. Therefore, the request is not medically necessary.

Tramadol 50mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 93-94 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off work. The attending provider has failed to establish either presence of any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Tramadol usage. The applicant continues to have issues with diminished

grip strength noted on multiple office visits, referenced above. Therefore, the request is not medically necessary.

Flexeril 10mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Flexeril) to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.