

Case Number:	CM14-0168700		
Date Assigned:	10/16/2014	Date of Injury:	07/12/2013
Decision Date:	11/24/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/13/2014

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 low back, neck, and elbow pain reportedly associated with an industrial injury of July 12, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 17, 2014, the claims administrator apparently approved Naprosyn while denying Voltaren gel, tramadol, and Prevacid. The claims administrator invoked Chapter 3 ACOEM Guidelines and non-MTUS ODG guidelines to deny the Voltaren gel. The claims administrator also cited the MTUS Chronic Pain Medical Treatment Guidelines on topical medications. It was not clear which cited guidelines were being preferentially invoked. In a Doctor's First Report (DFR) of October 15, 2014, the applicant presented complaining of low back pain, arm pain, and shoulder pain. It was stated that this was the first time the applicant was receiving treatment through this particular treating provider. The applicant was given diagnoses of elbow epicondylitis, neck pain, and lumbar strain/sprain. Voltaren gel, tramadol, and Naprosyn were all endorsed. The applicant was placed off of work, on total temporary disability, for six weeks. In a handwritten note dated September 2, 2014, it appeared that the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, a short course of opioids is deemed "optional" as part of initial approaches to treatment. In this case, the request in question was initiated on the applicant's first office visit with the treating provider. The applicant did report multifocal pain complaints about the low back, neck, and elbow. Introduction of tramadol was indicated on and around the date in question, to combat the same. Therefore, the request was medically necessary. Since the request was initiated on the first office visit with the requesting provider and since no record or log of previous treatment was furnished, the MTUS Guideline in ACOEM Chapter 3 is invoked preferentially over the MTUS Chronic Pain Medical Treatment Guidelines. Therefore the request is medically necessary.

Prevacid 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Page(s): 72.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Prevacid Medication Guide

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines were not applicable. As noted previously, the request in question was initiated on the applicant's first office visit with the requesting provider. There was no record of previous treatment provided. While the Food and Drug Administration (FDA) notes that Prevacid is indicated in the treatment of gastroesophageal reflux disease, active duodenal ulcers, H. pylori eradication, gastric ulcers, healing of NSAID-associated gastric ulcers, healing of erosive esophagitis, and/or the treatment of pathological hypersecretory conditions, in this case, however, no rationale for introduction of Prevacid was furnished by the attending provider. There was no mention of the applicant's having issues with reflux, heartburn, historical ulcers, pathological hypersecretory conditions, etc. Therefore, the request is not medically necessary.

Voltaren gel 1% 3 gm #500: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40.

Decision rationale: The applicant's primary presenting complaint here was elbow epicondylitis. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, Table 4, page 40, topical NSAIDs such as the Voltaren gel at issue are "recommended" in the treatment of elbow epicondylitis, as was present here. The request in question represents a first-time request for Voltaren gel. Since the request in question was initiated on the applicant's first office visit with the requesting provider and since there was no record or log of the applicant's having had care elsewhere, the MTUS Guideline in ACOEM Chapter 10 is invoked preferentially over the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.