

Case Number:	CM14-0179571		
Date Assigned:	11/04/2014	Date of Injury:	12/20/2013
Decision Date:	12/09/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a 64-year-old female who sustained a remote industrial injury on 12/20/13 diagnosed with left elbow strain/sprain rule out epicondylitis, left wrist strain/sprain, and left hand strain/sprain rule out tendinitis and carpal tunnel syndrome. Mechanism of injury occurred when the patient lost balance and fell from a ladder, injuring her left elbow, wrist, hand, and knee. The request for Anaprox 550mg #120 was non-certified at utilization review due to the lack of documentation of evidence of an inflammatory process and the lack of objective findings in the examination to support the use of this medication. The requests for Norco 10/325mg #60 and Tramadol ER 150mg #30 were also non-certified at utilization review due to the lack of documentation of focal objective findings in the examination to support the use of these pain medications. Lastly, the request for Prilosec 20mg #60 was non-certified at utilization review due to the lack of documentation of a history of gastrointestinal reflux. The most recent progress note provided is 09/02/14. Patient complains primarily of pain in the left elbow, left wrist/hand, left knee, and left thumb. Physical exam findings reveal slightly decreased flexion in the left elbow with tenderness in the epicondylar area, decreased range of motion of the left wrist/hand with tenderness in the distal radial ulna joint, and slightly decreased left knee flexion. Current medications are not listed. It is noted that the treating physician is requesting physical therapy, MRI studies, and electromyography (EMG)/nerve conduction velocity (NCV) study, medications, and a left knee injection. Provided documents include previous progress reports that highlight the patient was prescribed anti-inflammatory medications in the past, work status reports, previous utilization reviews, an abbreviated closure report, administrative discharges, and several requests for authorization. The patient's previous treatments include physical therapy, the use of a hinged knee brace, ice, a cortisone injection for the left knee, and medications. Imaging studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 mg Quantity: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67.

Decision rationale: According to California MTUS guidelines, "Anti- inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." In this case, there is no description of pain levels utilizing visual analogue scale scores to assess the severity of the patient's pain and the patient's history of medication treatment involves the use of anti-inflammatory medications, but there is no indication concerning whether the patient benefited from this medication or not. Due to this lack of documentation, medical necessity cannot be supported and the request for Anaprox 550 mg Quantity: 120 is not medically necessary.

Norco 10/325mg Quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: According to MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics." Provided documentation does not highlight that the patient has failed trials of several non-opioid analgesics and a current medications list is not included in the medical records. Further, guidelines also indicate that "baseline pain and functional assessments should be made." In this case, there is no description of pain levels utilizing visual analogue scale scores to assess the severity of the patient's pain and the only description concerning the patient's history of medication treatment involves the use of anti-inflammatory medications, but there is no indication concerning whether the patient benefited from this medication or not. For these reasons, initiating the use of an opioid is not supported by MTUS guidelines, therefore, the request for Norco 10/325mg Quantity: 60 is not medically necessary.

Tramadol ER 150mg Quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: According to MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics." Provided documentation does not highlight that the patient has failed trials of several non-opioid analgesics and a current medications list is not included in the medical records. Further, guidelines also indicate that "baseline pain and functional assessments should be made." In this case, there is no description of pain levels utilizing visual analogue scale scores to assess the severity of the patient's pain and the only description concerning the patient's history of medication treatment involves the use of anti-inflammatory medications, but there is no indication concerning whether the patient benefited from this medication or not. For these reasons, initiating the use of an opioid is not supported by MTUS guidelines, therefore, the request for Tramadol ER 150mg Quantity: 30 is not medically necessary.

Prilosec 20mg Quantity: 60: Upheld

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

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

Decision rationale: According to California MTUS guidelines, the use of Proton Pump Inhibitors is recommended for patients with a high risk of gastrointestinal complications determined by the following criteria: "(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)." In this case, the treating physician does not specifically document any of the listed criteria for gastrointestinal complications that would necessitate the use of a proton pump inhibitor. As such, medical necessity is not supported and the request for Prilosec 20mg Quantity: 60 is not medically necessary.