

Case Number:	CM14-0182008		
Date Assigned:	11/06/2014	Date of Injury:	04/11/2009
Decision Date:	12/30/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/03/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 33 year old female with a date of injury of 4/11/09. Per report 10/1/14, the listed diagnoses are lateral epicondylitis and carpal tunnel syndrome. According to this report, the patient complains of edema and pain in her left elbow that radiates to her forearm and hand. She also reports numbness and tingling. Physical examination of the bilateral elbow revealed tenderness in the medial aspect of the left elbow, positive Tinel's on the left and lateral aspect of bilateral elbows is tender to palpation. The patient is Temporary Totally Disabled. The treating physician would like to start patient on Ultram and Flexeril, and recommends refill of Omeprazole and Hydrocodone. Utilization review denied the request on 10/10/14. Treatment reports from 4/16/14 through 10/1/14 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg Capsule #30 With 2 Refills;: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

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

Decision rationale: This patient presents with edema and pain in her left elbow that radiates to her forearm and hand. Per report 10/1/14, the current request is for Omeprazole DR 20mg capsule #30 with 2 refills. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, there is no indication that the patient is taking NSAID to consider the use of omeprazole. Furthermore, the treater provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. Recommendation is for denial.

Hydrocodone (Norco) APAP 10/325mg 1 Tablet Po Q 6hrs Prn #60 With 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89,78.

Decision rationale: This patient presents with edema and pain in her left elbow that radiates to her forearm and hand. Per report 10/1/14, the current request is for Hydrocodone (Norco) APAP 10-325mg 1 tablet po q 6hrs prn #60 with 2 refills. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient has been prescribed Norco since at least 4/16/14. In this case, recommendation for further use cannot be supported as the treater provides no discussion regarding functional improvement or specific changes in the ADLs with utilizing long-term opioid. There is no before and after scale provided to show analgesia and adverse side effects are not discussed. Urine drug screens to monitor for compliance and possible aberrant behaviors are not addressed. The treating physician has failed to document the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. Recommendation is for denial and slow weaning per the MTUS Guidelines.

Flexeril 10mg #30 With 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: This patient presents with edema and pain in her left elbow that radiates to her forearm and hand. Per report 10/1/14, the current request is for Flexeril 10mg #30 with 2 refills. The MTUS Guidelines page 63 do not recommend long-term use of muscle relaxants and

recommends using it for 3 to 4 days for acute spasm in no more than 2 to 3 weeks. This is an initial request for Flexeril. In this case, recommendation cannot be made as the treating physician has prescribed this medication for long term use. Recommendation is for denial.

Ultram 50mg Take 1 Q 8hrs Orn #90 With 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids;Tramadol Page(s): 76-78;75.

Decision rationale: This patient presents with edema and pain in her left elbow that radiates to her forearm and hand. Per report 10/1/14, the current request is for Ultram 50mg take 1 q 8hrs prn #90 with 2 refills. MTUS guideline pg. 75 states a small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. This is an initial request for this medication. The MTUS guidelines pg. 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. In this case, the treater does not provide baseline pain or functional assessments to necessitate a start of a new opioid. In addition, it is unclear as to why Ultram is prescribed, a weak synthetic opiate when the patient is already on a strong opiate, such as Norco. Recommendation is for denial.