MAXIMUS Federal Services

Case Number:	CM14-0021985		
Date Assigned:	05/09/2014	Date of Injury:	11/05/2010
Decision Date:	08/04/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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:

Patient is a 51-year-old female who has submitted a claim for left lateral epicondylitis and left radial tunnel syndrome, and bilateral upper extremity overuse tendinopathy associated with an industrial injury date of 11/05/2010.Medical records from 2013 to 2014 were reviewed. Patient complained of persistent right and left lateral epicondylar pain aggravated when elbow extension. Physical examination showed swelling, stiffness, and numbness at bilateral elbow.By examination stability was noted,and Tinel's sign was positive at the left antecubital, radial nerve and ulnar nerve. Treatment to date has included left lateral epicondylitis debridement and repair and left radial tunnel release on 01/23/2014, status post right elbow epicondylar release on 11/08/2012, use of a wrist brace, occupational therapy, physical therapy, and ibuprofen.Utilization review on 02/12/2014 denied the request for Omeprazole #60 because there was no mention that patient had been NSAIDs; and denied re-evaluation because the post-operative follow-up should be with the surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors:The age is bigger than 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of Amino Salicylic Acid(ASA), corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on ibuprofen since 2013. However, there was no subjective report that patient was experiencing heartburn, epigastric burning sensation or any other gastrointestinal symptoms that will corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. The request likewise failed to specify dosage of Omeprazole. Therefore, the request for Omeprazole #60 is not medically necessary.

RE-EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

Decision rationale: Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient complained of elbow pain status post debridement and repair with left radial tunnel release on 01/23/2014. Patient is currently on physical therapy. Monitoring of response to therapy and medications is paramount, hence, follow-up consultation is warranted. However, patient is being seen by two different providers and the request failed to specify to whom patient needed a follow-up. The request is incomplete; therefore, the request for re-evaluation is not medically necessary.