

Case Number:	CM14-0025579		
Date Assigned:	06/13/2014	Date of Injury:	03/31/2011
Decision Date:	08/14/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/28/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 50 year old female who reported an injury on 03/31/2011. The mechanism of injury was not stated. Current diagnoses include cubital tunnel syndrome, status post decompression, epicondylitis on the right, status post release, carpal tunnel syndrome on the right, cubital tunnel syndrome on the left, status post decompression, epicondylitis on the left, CMC joint inflammation of the thumb, elements of depression, sleep disturbance, stress, and stenosing tenosynovitis on the left. The injured worker was evaluated on 01/17/2014. The injured worker was 4 months status post ulnar nerve release and epicondylar release in the left elbow. The injured worker has completed 11 sessions of postoperative physical therapy and is noted to have access to a hot/cold wrap and a right elbow sleeve. Physical examination on that date revealed tenderness along the 1st CMC and 1st extensor on the left, tenderness along the elbow medially, and satisfactory fluoroscopic evaluation of the left elbow. Treatment recommendations at that time included authorization for an elbow pad, as well as prescriptions for Diazepam, Naproxen 550 mg, Protonix 20 mg, Effexor 75 mg, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW PAD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Elbow regarding Splinting (padding).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27-28.

Decision rationale: The ACOEM Guidelines state patients in clinical settings may be more severe and may require prescription analgesics as a first-line treatment for lateral epicondylitis. If the treatment response is inadequate, such that symptoms and activity limitations continue, prescribed pharmaceuticals, orthotics, or physical methods can be added. As per the documentation submitted, there is no objective evidence of a significant functional limitation. It is also noted that the injured worker has access to a right elbow sleeve. Therefore, the medical necessity for a right elbow pad has not been established. As such, the request is not medically necessary and appropriate.

DIAZEPAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS Chronic Pain Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. There is no strength, frequency, or quantity listed in the current request. As such, the request is not medically necessary and appropriate.

NAPROXEN 550 MG QUANTITY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The MTUS Chronic Pain Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line option after acetaminophen. The injured worker does not maintain a diagnosis of osteoarthritis. There is no indication that this injured worker is suffering from an acute exacerbation of chronic pain. There is also no frequency listed in the current request. Guidelines do not recommend long-term use of NSAIDs. As such, the request is not medically necessary and appropriate.

PROTONIX 20 MG QUANTITY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The MTUS Chronic Pain Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

TEROCIN PATCHES QUANTITY 20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.