

Case Number:	CM14-0034383		
Date Assigned:	06/30/2014	Date of Injury:	05/11/2009
Decision Date:	08/15/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/19/2014

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 chronic elbow pain reportedly associated with an industrial injury of May 11, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; earlier ulnar nerve transposition surgery and lateral epicondylar release surgery; and unspecified amounts of time off of work. In Utilization Review Report dated March 12, 2014, the claims administrator apparently approved the request for tramadol, approved the request for gabapentin, denied topical LidoPro cream, and denied omeprazole. The applicant's attorney subsequently appealed. In a February 17, 2014 progress note, the applicant was described as six months removed from the earlier lateral epicondylar release surgery and ulnar nerve transposition surgery. The applicant continues to have pain complaints about the medial aspect of the elbow, it was noted, with some minimal weakness about the intrinsic musculature of the right hand. The applicant was given a rather proscriptive 5- to 10-pound lifting limitation. The attending provider stated that it was unlikely that the applicant would be able to go back to her usually and customary work as a cook. The applicant's medication list was not furnished on this occasion. On February 13, 2014, the applicant was again placed off of work, on total temporary disability, per her primary treating provider. On January 2, 2014, the applicant was again placed off of work, on total temporary disability, by her primary treating provider. In an appeal letter dated March 19, 2014, the attending provider apparently appealed the denial of the topical LidoPro and oral omeprazole. The appeal comprised almost entirely of cited guidelines and contained very little in the way of applicant-specific information. On January 9, 2014, the applicant was described as using gabapentin,

tramadol, LidoPro, and omeprazole. It was not stated for what purpose omeprazole was being employed. There was no discussion of medication efficacy incorporated into the progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro #121gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines page 111, Topical Analgesic topic. Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Page 47, oral pharmaceuticals are the first-line palliative method. In this case, the applicant's ongoing usage of multiple first line oral pharmaceuticals, including tramadol and gabapentin, effectively obviates the need for what page 111 in the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents and topical compounds such as LidoPro. Therefore, the request for Lidopro #121gm is not medically necessary and appropriate.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 69, NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, however, the progress notes provided do not make any explicit mention of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. No rationale for selection and/or ongoing usage of omeprazole was provided. Therefore, the request for Omeprazole 20mg #60 is not medically necessary and appropriate.