

Case Number:	CM14-0044837		
Date Assigned:	06/20/2014	Date of Injury:	06/14/2011
Decision Date:	07/18/2014	UR Denial Date:	03/14/2014
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 Physical Medicine & Rehabilitation 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 injured worker is a 59 year old female who reported an injury on 06/14/2011 due to an unspecified mechanism of injury. On 01/15/2014 she reported "feeling better" and had complaints of cold/numbness in her left hand. Physical examination revealed that her elbow was "ok". Her diagnosis included Left elbow ulnar nerve entrapment and elbow epicondylitis. A medication list provided in a psychiatric progress report dated 12/17/2013 included Amlodipine 5mg, celexa 30mg, trazodone 50-75mg, and pravastatin 20mg. Past treatments included medications and physical therapy. The treatment plan was for Omeprazole 20mg #60, Lidopro Cream #121gm, and tramadol 50mg #90. The request for authorization and rationale for treatment were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Omeprazole 20mg #60: 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 NSAIDS & GI SYMPTOMS Page(s): 68.

Decision rationale: The request for retrospective omeprazole 20mg #60 is not medically necessary. California MTUS guidelines state that the use of proton pump inhibitors, such as omeprazole, is recommended for those at risk for gastrointestinal events. Those at risk include age 65 and older, history of peptic ulcer, gastrointestinal bleed or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Based on the clinical information provided, the injured worker does not fall into any of these categories. The documentation provided lacks information regarding risk for gastrointestinal events and/or gastrointestinal symptoms related to medication use. Furthermore, the requesting physician did not include the frequency of the medication within the request. Given the above, the request is not medically necessary.

RETRO Tramadol 50mg #90: 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 OPIOIDS Page(s): 78-79.

Decision rationale: The request for retrospective tramadol 50mg #90 is not medically necessary. Opioid therapy should consist of an ongoing monitoring. California MTUS guidelines state that initiating opioid therapy state that if partial analgesia is not obtained, opioids should be discontinued, only change one drug at a time, short acting opioid treatment should be started for intermittent pain, and for continuous pain extended release opioids are recommended. In addition, California MTUS guidelines state that ongoing management should include documentation addressing the four domains (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Pain assessments should include current pain, least reported pain, average pain, and intensity of pain after taking the opioid, how long pain relief lasts and how long it takes to achieve pain relief. There was no documentation regarding this medication. It is unclear whether the medication was being initiated or ongoing. In addition, the documentation lacks information regarding pain relief, adverse effects, functional improvement, and screening for aberrant drug taking behaviors such as urine drug screens. Furthermore, the requesting physician did not include the frequency of the medication within the request. As such, the request is not medically necessary.

RETRO Lidopro Cream #121gm: 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 TOPICAL ANALGESICS Page(s): 111-114.

Decision rationale: The request for retrospective Lidopro cream is not medically necessary. California MTU guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lidopro cream contains lidocaine and

capsaicin. Lidocaine is not recommended for non-neuropathic pain and capsaicin is recommended only as an option in those who have not responded or are intolerant to other treatments. There was no documentation provided regarding this medication. It was noted that she had participated in physical therapy and reported "feeling better", which would indicate that her past treatments had been beneficial. In addition, there is no documentation stating that the injured worker's pain was neuropathic. Furthermore, the request lacks information regarding the frequency. The request does not follow recommended guidelines. Therefore, the request is not medically necessary.