

Case Number:	CM14-0054333		
Date Assigned:	07/07/2014	Date of Injury:	10/28/2011
Decision Date:	09/17/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/23/2014

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 and 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 patient is a 52-year-old female, who has submitted a claim for right elbow lateral epicondylitis, right wrist ganglion dorsal cyst, right wrist strain, right wrist carpal tunnel syndrome, right median sensory neuropathy at or about the wrist associated with an industrial injury date of 10/28/2011. Medical records from 2014 were reviewed showing that patient complained of intermittent pain over the right elbow and right wrist. Physical examination revealed tenderness over the right medial epicondyle and flexor muscle bellies of the right forearm. Examination of the right hand revealed tenderness to palpation over the carpometacarpal joint of the thumb, flexor carpi radialis, flexor digitorum superficialis and right index finger. Treatment to date has included oral analgesics, opioid medications and physical therapy. Requests for Relafen and Ultracet were both denied because the reviewer found no indication for chronic use. As for the request for Omeprazole, the request was also denied because the documentation does not describe current GI symptoms nor risk factors for GI bleed to warrant prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy with emphasis on Right Elbow at 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to pages 98-99 of the Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment are paramount. In this case, the patient has already completed numerous sessions of physical therapy. However, continued benefit of physiotherapy was not documented. The patient should likewise be well-versed on independent exercises by now. In addition, the patient is expected to continue active therapies at home in order to maintain improvement levels. There is no indication for continued physiotherapy; therefore, the request for Physical Therapy with emphasis on Right Elbow at 2 times a week for 6 weeks is not medically necessary.

Relafen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, NSAIDS Page(s): 22, 46.

Decision rationale: As stated on pages 22 and 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Long-term use of NSAIDs is not warranted. In this case, patient has been on Relafen 500mg since at least January 2013. Chronic NSAID intake however is not recommended by guidelines. Medical records submitted for review also failed to show objective evidence of functional improvement derived from NSAID use. Therefore, the request for Relafen 500mg #60 is not medically necessary.

Ultracet #60 (dosage unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 78 Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Ultracet since at least January 2014. The medical records submitted do not document any measurable analgesic benefit with use of Ultracet.

Furthermore, there is no UDS or a signed opiate contract agreement documented. The medical necessity cannot be established due to insufficient information. Therefore, the request for Ultracet #60 is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, the patient had no episodes of GI symptoms warranting PPI therapy. The medical records submitted also do not identify risk factors for any gastrointestinal event to warrant prophylaxis. Medical necessity has not been established. Therefore, the request for Omeprazole 20mg #30 is not medically necessary.