

Case Number:	CM14-0076582		
Date Assigned:	07/18/2014	Date of Injury:	04/05/2012
Decision Date:	09/24/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/27/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 49-year-old female who sustained an industrial injury on 4/5/2012. The mechanism of injury was tripping and falling on outstretched hand on the left side of her body. Her primary complaints were pain in the left elbow and left hand. X-ray of the left elbow showed nondisplaced fracture of the proximal head of the radius. She was treated conservatively. In June, 2012 she was diagnosed with carpal tunnel syndrome and cubital tunnel syndrome. She was also found to have trigger finger, palmar fibrosis and possible Dupuytren contracture. An MRI of the left elbow done on July 30, 2012 revealed ununited fracture fragment at the tip of the olecranon without edema and edema and induration of the superficial subcutaneous soft tissues and soft tissues within cubital tunnel with mild hyperintensity of the ulnar nerve. EMG and NCV studies performed in July 2012 revealed no evidence of radiculopathy and findings consistent with mild right carpal tunnel syndrome. A repeat EMG and NCV studies on November 14, 2012 revealed mild are not neuropathy in the left elbow. In December 2012 she was diagnosed with left wrist tendinitis. In January 2013 she was treated with an injection to the common extensor of the left arm for lateral epicondylitis. She was diagnosed with nondisplaced fracture of the proximal head of the left radius, history of contusion of both knees which have resolved and mild degenerative joint disease of the metacarpophalangeal joint of the left thumb. The employee was seen by the treating provider on a 04/16/14. Subjective complaints included significant left elbow pain and swelling. She noted that the effects of cortisone injection to her left elbow and wearing off and the pain was returning. She also continued to have numbness and tingling in her left hand. Pertinent physical exam findings included positive Tinel's sign at the left elbow, tenderness to palpation in the medial and lateral aspect of left elbow, miserable in edema and erythema around the elbow, tender wrist joint line on the left side, reduced grip strength and no associated effusion. Her diagnoses included a ulnar nerve lesion and sprain/strain of wrist. A request was

sent for ketoprofen 75 mg one tablet daily, omeprazole DR 20 mg one capsule daily and Voltaren 1% gel to be applied to affected area b.i.d. Her work status was noted to be returning to regular work despite her pain due to financial difficulties and because the employer did not accept modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg QTY: 30 with 2 refills: Overturned

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 Page(s): 67-69.

Decision rationale: The employee was being treated for left elbow pain and swelling that developed after she sustained an injury at work. She initially was diagnosed with the fracture of radial head followed by other diagnoses including cubital tunnel syndrome, carpal tunnel syndrome, epicondylitis and tendinitis of wrist. A comprehensive report from April 22, 2014 summarize the treatment to date as: Analgesic medications; electrodiagnostic testing; topical analgesics; MRI of elbow; acupuncture which was denied; hand surgery consult which was denied; physical therapy which was denied and corticosteroid injections. The employee had ongoing pain and had left-sided positive Tinel's sign, tenderness over the medial and lateral aspects of elbow and reduced sensation in the left median nerve distribution. Her impression was left lateral epicondylitis, left medial epicondylitis and left wrist overuse syndrome. A request was sent for Voltaren gel 1% topical, Ketoprofen 75mg daily and Omeprazole DR 20mg daily. According to chronic pain medical treatment guidelines topical NSAIDs such as topical Voltaren, can be indicated in the treatment of arthritis and/or tendinitis in joints that lend themselves to topical treatment such as the elbow, wrist or knee. Maximum dose should not exceed 32 g per day, with 8 g per joint per day in upper extremity and 16 g per joint per day in the lower extremities. In this case the employee is experiencing ongoing elbow pain and has epicondylitis. She also has ongoing left wrist tendinitis. She was taking oral Ketoprofen and had ongoing pain which had gotten worse since the corticosteroid injections were wearing off. Therefore the request for Voltaren gel 1% is medically necessary and appropriate.

Voltaren 1% Gel QTY: 100: 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): 112.

Decision rationale: The employee was being treated for left elbow pain and swelling that developed after she sustained an injury at work. She initially was diagnosed with the fracture of

radial head followed by other diagnoses including cubital tunnel syndrome, carpal tunnel syndrome, epicondylitis and tendinitis of wrist. A comprehensive report from April 22, 2014 summarized the treatment to date as: Analgesic medications; electrodiagnostic testing; topical analgesics; MRI of elbow; acupuncture which was denied; hand surgery consult which was denied; physical therapy which was denied and corticosteroid injections. The employee had ongoing pain and had left-sided positive Tinel's sign, tenderness over the medial and lateral aspects of elbow and reduced sensation in the left median nerve distribution. Her impression was left lateral epicondylitis, left medial epicondylitis and left wrist overuse syndrome. A request was sent for Voltaren gel 1% topical, Ketoprofen 75mg daily and Omeprazole DR 20mg daily. According to the chronic pain medical treatment guidelines high risk factors for GI events include age more than 65 years old and history of peptic ulcer; History of GI bleeding or perforation; Concurrent use of aspirin, corticosteroids and/or an anticoagulant; And/or high-dose/multiple NSAID. The medical records provided for review do not describe this employee as having gastrointestinal ulcers or having significant gastrointestinal problems at the time. The employee had been on oral NSAID and topical NSAID without any GI complaints. He had been on Omeprazole for a significant amount of time. Long term use of PPI (>1 year) has been shown to increase the risk of hip fracture. Given the lack of high risk factors for GI events and without evidence of cardiovascular disease, the request for prescription of omeprazole 20 mg is not medically necessary or appropriate.