

Case Number:	CM14-0079941		
Date Assigned:	07/18/2014	Date of Injury:	02/09/2012
Decision Date:	10/27/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/30/2014

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 elbow epicondylitis reportedly associated with an industrial injury of February 9, 2012. Thus far, the applicant has been treated with analgesic medications; topical medications; transfer of care to and from various providers in various specialties; earlier carpal tunnel release surgery; unspecified amounts of acupuncture; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 25, 2014, the claims administrator failed to approve requests for Mobic, Ultram, and a Ketoprofen containing cream. The applicant's attorney subsequently appealed. In a May 14, 2014 progress note, the applicant reported persistent complaints of right upper extremity pain. The applicant was given diagnoses of repetitive stress injury, myofascial pain syndrome, lateral epicondylitis, and carpal tunnel syndrome status post earlier carpal tunnel release surgery. Tramadol, Motrin, and a Ketoprofen containing cream were endorsed. The applicant's work status was not, however, provided. The applicant's response to earlier medications was likewise not clearly detailed. In an earlier note dated December 30, 2013, the applicant was given a prescription for Naprosyn. On April 2, 2014, the applicant was described as having longstanding issues with right upper extremity pain with associated paresthesias. The applicant was asked to employ ibuprofen and tramadol on an as-needed basis. Again, there was no explicit discussion of the applicant's work status and/or medication efficacy. On March 19, 2014, the applicant was given a rather proscriptive 10-pound lifting limitation. It did not appear that the applicant was working at that point in time. The Ketoprofen containing cream was endorsed at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Mobic do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, a rather proscriptive 10-pound lifting limitation remains in place, seemingly unchanged, from visit to visit. The attending provider has not explicitly stated whether or not the applicant was or was not working on several recent progress notes. The attending provider has not outlined any material improvements in function achieved as a result of ongoing Mobic usage. Ongoing usage of Mobic has failed to curtail the applicant's dependence on other forms of medical treatment, including acupuncture and opioid agents such as Tramadol. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Ultram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant does not appear to be working with a rather proscriptive 10-pound lifting limitation in place. The attending provider has not described any quantifiable decrements in pain or outlined any material improvements in function achieved as a result of ongoing Ultram usage. Therefore, the request is not medically necessary.

Ketoprofen Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Ketoprofen Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen is not FDA approved for topical application purposes. The attending provider has not proffered any compelling applicant-specific rationale so as to support usage of topical Ketoprofen in the face of the unfavorable MTUS position on the same. Therefore, the request is not medically necessary.