

Case Number:	CM13-0010319		
Date Assigned:	10/11/2013	Date of Injury:	12/10/2012
Decision Date:	04/24/2015	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/08/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

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 39 year old male, who sustained an industrial injury on December 10, 2012. He reported he was pulling when he felt a sudden pop in the lateral aspect of his left elbow with continued pain over the lateral aspect of the left elbow and forearm that radiated toward the back of the wrist. The injured worker was diagnosed as having left lateral epicondylitis, radial tunnel syndrome, left cubital tunnel syndrome, and left carpal tunnel syndrome. Treatment to date has included splinting, cortisone injections, therapy, activity modification, and medication. On July 2, 2013, the injured worker complained of significant pain in the lateral aspect of the left elbow. The Treating Physician's report dated July 2, 2013, noted the physical examination revealed positive Tinel, Phalen, and compression tests at the palm, with positive Tinel and flexed elbow compression test at the elbow. The injured worker was noted to have pain with resisted wrist extension, middle finger extension, and forearm supination. Electrodiagnostic studies were noted to have confirmed mild cubital tunnel syndrome on the left side. The Physician noted the injured worker wished to proceed with a left lateral epicondyle debridement with concomitant radial tunnel release. The injured worker was noted to have had an acute injury consistent with a tearing of the common extensor origin, confirmed by MRI, and had failed all nonoperative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

RELAFEN 750MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 592, Chronic Pain Treatment Guidelines Page(s): 72-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that nonsteroidal anti-inflammatory drugs (NSAID) can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. Medical records document the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records document a history of lateral epicondylitis, radial tunnel syndrome, carpal tunnel syndrome, cubital tunnel syndrome, and wrist surgery. The occupational injuries are chronic. History of allergy to aspirin was noted. Long-term NSAID use is not recommended by MTUS. The use of the NSAID Relafen (Nabumetone) is not supported by MTUS guidelines. Therefore, the request for Relafen is not medically necessary.

PERCOCET 5MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 47-48, 40-46, 271-273, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of

medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for elbow, forearm, wrist, and hand complaints. The primary treating physician's progress report dated 7/2/13 documented that Norco 2.5/325 mg #30 was dispensed on 7/2/13. In addition, Percocet 5/325 mg and Vicodin 5/500 mg were requested. Per MTUS, the lowest possible dose of opioid should be prescribed. Therefore, the request for Percocet is not supported by MTUS guidelines. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for elbow, forearm, wrist, and hand complaints. The request for Percocet 5/325 mg is not supported by ACOEM guidelines. Therefore, the request for Percocet 5/325 mg is not medically necessary.