

Case Number:	CM14-0188067		
Date Assigned:	11/18/2014	Date of Injury:	10/19/2012
Decision Date:	02/04/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/11/2014

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 New York. 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:

This is a 49 year old female injured worker with an injury date of 10/19/2012 described as secondary to performing computer duties developed onset of complaint. She was diagnosed with ulnar nerve injury, medial epicondylitis left elbow and left elbow strain/sprain. Objective findings showed positive tenderness and decreased range of motion in the left elbow. The plan of care noted to involve Anaprox for pain and inflammation. Omeprazole prophylactic secondary to NSAID use and also Flurbiprofen, Capsaicin and Terocin patches. She was made temporarily totally disable for 6 weeks denoted at the initial visit dated 03/12/2014. A request for services of medication dated 10/15/2014 noted denied by Utilization Review as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 1 tablet twice a day #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 Page(s): 68-69.

Decision rationale: Per guidelines, Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that she meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of Omeprazole. Therefore, the request is not medically necessary.

Tramadol 37.5/325 1 tablet twice a day #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.

Decision rationale: Per guidelines, Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are no long-term studies to allow for recommendations for longer than three months. The MD visits fail to document any improvement in pain, functional status or side effects to justify use. The request for Tramadol is not medically necessary.

Flurbiprofen 20%, Tramadol 20% 210 gm topical cream: 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 Page(s): 111-112.

Decision rationale: Per guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Regarding Topical Flurbiprofen and Tramadol in this injured worker, the records do not provide clinical evidence to support medical necessity. As such, the request for Flurbiprofen 20%, Tramadol 20% 210 gm topical cream is not medically necessary.

Naproxen 550mg 1 tablet twice a day #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 Page(s): 66-73.

Decision rationale: This 49 year old worker has chronic left elbow pain with an injury sustained in 2012. Her medical course has included use of several medications including Naproxen and Tramadol. Per the guidelines, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. They should be utilized at the lowest dose for the shortest period of time. The medical records fail to document any improvement in pain or functional status or a discussion of side effects to justify ongoing use. The medical necessity of Naproxen is not substantiated in the records.