

Case Number:	CM14-0191930		
Date Assigned:	11/25/2014	Date of Injury:	06/15/2013
Decision Date:	01/12/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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 Emergency 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:

Patient reported date of injury on 6/15/2013. Mechanism of injury is described as slipping while getting off a truck and getting injured while grabbing for a handle. Patient has a diagnosis of shoulder pain and lateral epicondylitis. Medical reports reviewed last report available until 10/22/14. The provider's notes are very brief and involved basically multiple check-off boxes. Patient has a right elbow, wrist and hand pain. There is no documented pain assessment or any assessment. Exam is "No change", and R elbow, wrist and hand were checked off "tingling" and "numbness". There is no proper exam documented. Patient has reported injections and splinting for the elbow in the past, has also completed physical therapy in the past. No medication list was provided. Prior request dated 9/29/14 and 9/3/14 requested Norco, Anaprox and Protonix as well. There was also a request for Elavil and Ambien as well. Independent Medical Review is for Anaprox, Protonix and Norco (no dose or quantity was provided for any of these request) Prior UR on 10/30/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox (unknown dosage and quantity): 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 NSAIDs(Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: This is an incomplete request. There is no documented dosage or total number of tablets requested. Even if the request was complete, the extremely poor/non-existent documentation from the provider utterly fails to support continued use of this medication. Anaprox/Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Documentation completely fails to document appropriate response to medication and appropriate monitoring of side effects. Anaprox is not medically necessary.

Protonix (unknown dosage and quantity): 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 NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: This is an incomplete request. There is no documented dosage or total number of tablets requested. Even if the request was complete, the extremely poor/non-existent documentation from the provider utterly fails to support continued use of this medication. There is no documentation provided as to why Protonix was requested. Protonix is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The poor documentation concerning the patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. Patient is on Anaprox. Protonix is not medically necessary.

Norco (unknown dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: This is an incomplete request. There is no documented dosage or total number of tablets requested. Even if the request was complete, the extremely poor/non-existent documentation from the provider utterly fails to support continued use of this medication. Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has decided not to document a single required component mandated by MTUS guidelines. The poor documentation fails to support use of Norco. Norco is not medically necessary.

