

<b>Case Number:</b>	CM14-0200934		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 36-year-old male with a date of injury of 01/29/2013. The patient is status post ulnar nerve decompression with medial epicondylectomy of the right elbow on 05/16/2014. According to progress report dated 11/04/2014, the patient continues to have pain in the surgical site, but has improvement in numbness and tingling since surgery. She is making gradual slow progress with therapy. The patient reports a cold sensation in the left little finger and pain in the left lateral elbow which is mild. The patient has 2 more therapy visits remaining of the current authorized visits. Examination revealed negative Tinel's at the ulnar nerve of the bilateral elbows. There is mild tenderness at the surgical site, medial aspect of the right elbow. Full range of motion in all digits in the right hand, wrist, and elbow were noted. Grip strength on the right is 60 and on the left 105. The listed diagnoses are: 1. Status post ulnar nerve decompression right elbow with residual weakness. 2. Left elbow lateral epicondylitis. The patient is temporarily totally disabled. Treatment plan includes continuation of physical therapy 3 times a week for 4 weeks, reevaluate in 5 weeks, and refill of medications including Voltaren, Protonix, and tramadol. The utilization review denied the request on 11/12/2014. Treatment reports from 05/13/2014 through 11/04/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of occupational therapy (3x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical therapy, physical medicine Page(s): 103.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Elbow and upper arm Page(s): 15-17.

**Decision rationale:** This patient is status post ulnar nerve decompression of the right elbow with residual weakness. The current request is for 12 sessions of occupational therapy (3 x 4). The MTUS post-surgical guidelines pages 15-17 recommends for ulnar nerve entrapment/cubital tunnel syndrome, 20 postsurgical physical therapy treatments. Review of the medical file indicates that the patient underwent 12 postop physical therapy sessions between 06/16/2014 and 08/05/2014. On 11/04/2014, it was noted the patient has 2 remaining sessions left. Occupational therapy notes indicate that the patient demonstrates increased range of motion and decrease in pain with treatment. In this case, the request for additional 12 sessions exceeds what is recommended by MTUS. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested additional 12 OT sessions IS NOT medically necessary.

**Voltaren for ongoing use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, medication for chronic pain Page(s): 22, 60.

**Decision rationale:** This patient is status post ulnar nerve decompression of the right elbow with residual weakness. The request is for Voltaren for ongoing use. The MTUS Guidelines page 22 supports the use of NSAID as a first-line of treatment to "reduce pain so activity and functional restorations can resume, but long-term use may not be warranted." Review of the medical file indicates the patient has been prescribed Voltaren 100 mg 1 b.i.d. #60 since at least 06/07/2014. In this case, recommendation for further use of Voltaren cannot be supported as the treating physician has provided no discussion regarding the medication's efficacy. MTUS page 60 requires recording of documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, the requested Voltaren IS NOT medically necessary.

**Protonix for ongoing use:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs), <http://www.drugs.com/cdi/pantoprazole.html>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** This patient is status post ulnar nerve decompression of the right elbow with residual weakness. The current request is for Protonix for ongoing use. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been concurrently prescribed Voltaren and Protonix since 06/07/2014. The patient has been taking NSAID on a long term basis, but the treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The requested Protonix IS NOT medically necessary.

**Ultram for ongoing use:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89, 78.

**Decision rationale:** This patient is status post ulnar nerve decompression of the right elbow with residual weakness. The request is for Ultram for ongoing use. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing Ultram ER since 06/07/2014. In this case, the treating physician has not provided adequate documentation of the four A's for on-going and chronic opiate use. There is no before and after scale provided to show analgesia and specific functional improvement or changes in ADLs are not discussed. There is no urine drug screen to monitor for compliance and no discussion of possible adverse side effects. The treating physician has failed to document the minimum requirements of the documentation that are required by MTUS for continued opioid use. The requested Ultram IS NOT medically necessary and recommendation is for slow weaning per MTUS guidelines.