MAXIMUS Federal Services

Case Number:	CM14-0203344		
Date Assigned:	12/15/2014	Date of Injury:	10/28/2012
Decision Date:	02/05/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab, 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 45 year old male with an injury date on 12/28/2012. Based on the 11/21/2014 progress report provided by the treating physician, the diagnosis is:1. Right, contusion, elbowAccording to this report, the patient complains of "loss of complete flexion on the right side elbow with some clicking and popping." Physical exam findings were not included in the report for review. Patient's treatment to date includes "intraartlcular injections which gave him dramatic pain relief and recovery of full range of motion."The 12/08/2014 report indicates that the patient has "ongoing right elbow pain." Physical exam reveals tenderness over the lateral radiocapitellar joint. Range of motion of the bilateral elbow is 0-140 degrees.The patient was "treated extensively with pain management, therapy, chiropractic care, and Injections." Jamar dynamometer, grip strength is 90/85/80 on the right and 75/65/75 on the left.There were no other significant findings noted on this report. The utilization review denied the request for (1) Naproxen #60, (2) Zolpidem Tartrate #30, (3) Zofran #10, and (4) Colace #20 on 11/11/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 11/21/2014 to 12/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 One Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID'sMedications for chronic pain Page(s): 22; 60.

Decision rationale: According to the 11/21/2014 report, this patient presents with "ongoing right elbow pain." The current request is for Naproxen 550mg #60 one refill, but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report provided for reviews is after the utilization review letter in question. The MTUS Guidelines page 22 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of the provided reports show no mentions of Naproxen and it is unknown exactly when the patient initially started taking this medication. The treating physician provided no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is no mention of how this medication has been helpful in any way. The current request is not medically necessary.

Zolpidem Tartrate 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Insomnia treatment.

Decision rationale: According to the 11/21/2014 report, this patient presents with "ongoing right elbow pain." The current request is for Zolpidem Tartrate 5mg #30 but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report provided for reviews is after the utilization review letter in question. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. A short course of 7 to 10 days may be indicated for insomnia; however, the treater is requesting Zolpidem Tartrate #30. The treating physician does not mention that this is for a short-term use. ODG Guidelines does not recommend long-term use of this medication. The current request is not medically necessary.

Zofran 8mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Antiemetics (for opioid nausea).

Decision rationale: According to the 11/21/2014 report, this patient presents with "ongoing right elbow pain." The current request is for Zofran 8mg #10 but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report provided for reviews is after the utilization review letter in question. The MTUS and ACOEM Guidelines do not discuss Ondansetron (Zofran). However, ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks)." Review of the provided reports does not indicate the patient had surgery recently or is schedule to have surgery soon. Ondansetron is only recommended for post-op nausea per ODG. Therefore, the current request is not medically necessary.

Colace 100mg #20: Overturned

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 Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: According to the 11/21/2014 report, this patient presents with "ongoing right elbow pain." The current request is for Colace 100mg #20 but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report provided for reviews is after the utilization review letter in question. Regarding constipation medication, MTUS recommends as a prophylactic treatment when initiating opioid therapy. In this case, the treating physician is requesting constipation medication in anticipation of side effects to opioid therapy which is reasonable and is supported by the MTUS guidelines. The current request is medically necessary.

Norco 10/325mg #60 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic PainCriteria for use of opioids Page(s): 60-61; 88-89; 76-78.

Decision rationale: According to the 11/21/2014 report, this patient presents with "ongoing right elbow pain." The current request is for Norco 10/35mg #60 1 refill, but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report provided for reviews is after the utilization review letter in question. For chronic opiate use, 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 4A's

(analgesia, ADLs, adverse side effects, and aberrant 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 provided reports does not mention Norco usage and it is unknown exactly when the patient initially started taking this medication. In this case, the documentation provided by the treating physician does not show any pain assessment and no numerical scale is used describing the patient's function. No specific ADL's or return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. Therefore, the request is not medically necessary.