

Case Number:	CM14-0067267		
Date Assigned:	07/11/2014	Date of Injury:	09/24/2012
Decision Date:	07/08/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/12/2014

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. 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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice, Sports 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 37-year-old male, with a reported date of injury of 09/24/2012. The diagnoses include right elbow arthrofibrosis and right lateral epicondylitis. Treatments to date have included x-rays of the right elbow, and oral medications. The initial comprehensive orthopedic evaluation report dated 04/01/2014 indicates that the injured worker complained of severe right elbow pain, rated 5 out of 10. The pain radiated to his biceps and right shoulder. He had difficulty with his activities of daily living. The injured worker stated that he was unable to fully extend his elbow and that his right upper extremity was weaker. The physical examination showed restricted extension, pain with supination in the lateral epicondyle, tenderness to percussion over the ulnar nerve without any complaints of numbness or tingling radiating to the fourth or fifth fingers, and a loud popping sound coming from the elbow while demonstrating the maneuvers. It was noted that the injured worker had a history of GERD symptoms. The treating physician requested Tramadol, with two refills for breakthrough pain; Omeprazole, with two refills; one urine drug screen; twelve acupuncture sessions; and twelve chiropractic/physiotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines Elbow, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the documentation provided, there has been no significant change in character of the pain; the pain appears to be chronic, lacking indications for fast acting pain control medications. According to the clinical documentation provided and current MTUS guidelines; Tramadol, as written above, is not indicated a medical necessity to the patient at this time.

Omeprazole 20mg #30 with 2 refills: 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 NSAIDS, GI symptoms & cardiovascular risk, page(s) 67-69.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Prilosec. According to the clinical documents, there is no documentation that the patient has a history of reflux or gastrointestinal symptoms that would warrant the usage of this medication. There is also lack of evidence that the patient is at increased risk for gastrointestinal complications that would warrant the use of this medication in the patient. According to MTUS guidelines, increased risk is defined as: (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 use of Prilosec, as stated in the above request, is determined not to be a medical necessity at this time.

1 Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page(s) 43, 76-77.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a UDS. MTUS guidelines state the following: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. The clinical documents state that the patient has been prescribed controlled substances. According to the clinical documentation provided and current MTUS guidelines; the urine drug screen, as requested, is indicated a medical necessity to the patient at this time.

Twelve (12) sessions of Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Acupuncture. MTUS guidelines state the following: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. MTUS guidelines state the following: initial trial of 3-6 visits over 3 weeks. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. The request exceeds the recommended amount of Acupuncture recommended. Evidence based guidelines do not support multiple physical modalities being performed concurrently. There is a current request for chiro. The current request exceeds the recommended amount of sessions prior to documentation of objective functionality. According to the clinical documentation provided and current MTUS guidelines; Acupuncture, as requested above, is not indicated as a medical necessity to the patient at this time.

Twelve (12) sessions of chiropractic/physiotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25, 28.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, page(s) 58-60ODG, Neck/upper back chapter.

Decision rationale: MTUS guidelines state the following: Manual Therapy and Manipulation recommendations. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended: Low back: Recommended as an option. ODG recommends up to 18 sessions of chiropractics with evidence of objective functional improvement after 6 sessions. Chronicity should be avoided. The current request exceeds the recommended amount of sessions prior to documentation of objective functionality. Evidence based guidelines do not support multiple physical modalities being performed concurrently According to the clinical documentation provided and current MTUS guidelines; Chiropractic manipulative treatment is not indicated a medical

necessity to the patient at this time.