

Case Number:	CM15-0145885		
Date Assigned:	08/07/2015	Date of Injury:	10/09/2013
Decision Date:	09/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old male, who sustained an industrial injury on October 9, 2013. He reported slipping and falling, bracing himself with his left hand with a sharp pain in the left hand that radiated to the left arm. The injured worker was diagnosed as having tardy ulnar nerve palsy, psychological stress, left medial epicondylitis, status post left elbow surgery, left wrist sprain-strain, muscle weakness, abnormal weight gain, and sleep disturbance. Treatments and evaluations to date have included electromyography (EMG)-nerve conduction study (NCS), left elbow surgery, physical therapy, MRIs, and medication. Currently, the injured worker reports left arm pain, left elbow pain with weakness, and left wrist pain. The Primary Treating Physician's report dated May 28, 2015, noted the injured worker with tenderness to palpation of the left medial epicondyle. An electrodiagnostic study of the bilateral upper extremities on May 14, 2015, was noted to be a normal study. The treatment plan was noted to include medications including Motrin, Prilosec, Norco, and Flurbi cream, a urine drug screen (UDS), and requests for authorization for x-rays of the left elbow and left hand, psychological consultation, internal medicine consultation for weight gain, and anterior cervical fusion C4-C5 and C5-C6. The injured worker was noted to be able to return to modified work as of May 29, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg one by mouth twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

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

Decision rationale: The patient presents with constant left elbow pain with weakness and left wrist pain. The current request is for Prilosec 20mg one by mouth twice a day. Prilosec (Omeprazole) is a proton pump inhibitor that decreases the amount of acid produced in the stomach. The treating physician requests on 7/9/15 (19B) "Prilosec 20mg one PO BID". MTUS Guidelines state Omeprazole (Prilosec) is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the records provided do document that the patient has been using Motrin, however, there is no documentation of dyspepsia secondary to NSAID therapy or a documented GI assessment as required by MTUS. Additionally, the treating physician has not documented the quantity of Prilosec being prescribed. Prescriptions for unspecified quantities cannot be recommended. The current request is not medically necessary.

Flurbiprofen (NAP) cream LA: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with constant left elbow pain with weakness and left wrist pain. The current request is for Flurbiprofen (NAP) cream LA. The treating physician requests on 7/9/15 (19B) "Flurbl(NAP) Cream-LA." MTUS guidelines do not support the usage of Flurbiprofen cream (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with elbow and wrist pain for which topical NSAID are indicated. However, the treating physician has not documented the quantity of Flurbiprofen (NAP) cream LA being prescribed. Prescriptions for unspecified quantities cannot be recommended. The current request is not medically necessary.

Motrin 800mg one by mouth once a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22, 67-68.

Decision rationale: The patient presents with constant left elbow pain with weakness and left wrist pain. The current request is for Motrin 800mg one by mouth once a day. The treating physician states requests on 7/9/15 (19B) "Motrin 800mg one PO QD with food." MTUS guidelines do recommend Motrin: "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." Additionally pg. 67-68 states "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." In this case, it is unclear how long the patient has been medicating with Motrin, review of the clinical records provides indicates at least since 3/26/15 (91B). MTUS guidelines do not recommend long-term use of this medication. Additionally, the treating physician has not documented the quantity of Motrin being prescribed. Prescriptions for unspecified quantities cannot be recommended. The current request is not medically necessary.