MAXIMUS Federal Services

Case Number:	CM15-0182787		
Date Assigned:	10/09/2015	Date of Injury:	12/01/2012
Decision Date:	12/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/17/2015

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, Indiana, Oregon Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39-year-old male with a date of industrial injury 12-1-2012. The medical records indicated the injured worker (IW) was treated for bilateral elbow tendinitis; status post right carpal tunnel syndrome (2013), with residuals; left carpal tunnel syndrome; anxiety-depression; and insomnia. In the progress notes (7-30-15 and 8-27-15), the IW reported pain in the right elbow, rated 4 out of 10, as well as pain and numbness in the right wrist, rated 5 out of 10. Right elbow pain was unchanged since his last office visit, per the provider's notes. The left elbow was asymptomatic since his previous visit. He was taking Tramadol for pain (since at least 2014). The 7-30-15 and 8-27-15 toxicology testing was inconsistent with prescribed medication, as Tramadol was not detected. On examination (8-27-15 notes), there was grade 2 tenderness to palpation in the bilateral elbows and grade 2 to 3 tenderness in the bilateral wrists, unchanged since his last visit. Range of motion was "restricted" in the bilateral elbows and wrists. Treatments included physical therapy, right elbow injection, shockwave therapy and medications. Bilateral upper extremity electrodiagnostic testing on 8-3-15 was normal, however, the testing provider found there was probable intermittent ulnar neuritis or dysesthesias associated with positioning in flexion and possible intermittent ulnar subluxation on the right due to the nature of the IW's arm positioning during work. The IW was temporarily totally disabled. A Request for Authorization was received for ulnar nerve decompression right elbow and medial epicondylectomy; preoperative clearance with history and physical; preoperative labs-tests: CBC, PT-PTT-INR, chem 7, urinalysis, chest X-ray and EKG; postoperative occupational therapy three times a week for four weeks; follow-up visit; Ambien 10mg, #30, Protonix 20mg,

twice daily and Ultram ER 150mg, #30 (dispensed 8-19-15). The Utilization Review on 9-3-15 non-certified the request for ulnar nerve decompression right elbow and medial epicondylectomy; preoperative clearance with history and physical; preoperative labs-tests: CBC, PT-PTT-INR, chem 7, urinalysis, chest X-ray and EKG; postoperative occupational therapy three times a week for four weeks; follow-up visit; Ambien 10mg, #30, Protonix 20mg, 1 twice daily and Ultram ER 150mg, #30 (dispensed 8-19-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ulnar nerve decompression right elbow and medial epicondylectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment. Decision based on Non-MTUS Citation Non-MTUS, 1. Kim, Kang Wook, et al. "Minimal epicondylectomy improves neurologic deficits in moderate to severe cubital tunnel syndrome." Clinical Orthopaedics and Related Research(R) 470.5 (2012): 1405-1413.2. Schnabl, Saskia M., et al. "Subjective outcome, neurophysiological investigations, postoperative complications and recurrence rate of partial medial epicondylectomy in cubital tunnel syndrome." Archives of orthopaedic and trauma surgery 131.8 (2011): 1027-1033.

Decision rationale: CA MTUS/ACOEM Elbow Complaints Chapter 10 (2007 supplement) page 18 states that focused NCS/EMG with inching technique is required for the accurate diagnosis of cubital tunnel syndrome. As there is no evidence of cubital tunnel syndrome on the EMG the request is not medically necessary. CA MTUS/ACOEM and ODG elbow are silent on medial epicondylectomy for treatment of cubital tunnel syndrome. Alternative references are used: 1. Kim, Kang Wook, et al. "Minimal epicondylectomy improves neurologic deficits in moderate to severe cubital tunnel syndrome." Clinical Orthopaedics and Related Research 470.5 (2012): 1405-1413. 2. Schnabl, Saskia M., et al. "Subjective outcome, neurophysiological investigations, postoperative complications and recurrence rate of partial medial epicondylectomy in cubital tunnel syndrome." Archives of orthopaedic and trauma surgery 131.8 (2011): 1027-1033. In these studies, superior outcomes are achieved with small medial epicondylectomy when patients had moderate to severe cubital tunnel syndrome pre-operatively. In this case, the EMG does not show moderate or severe disease. The request is therefore not medically necessary.

Preoperative clearance with history and physical: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.
Preoperative CBC: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Preoperative PT/PTT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Preoperative Chem 7: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Preoperative Urinalysis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Preoperative chest X-ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Preoperative EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post operative occupational therapy three times a week for four weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Surgical Service: Follow- up visit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Ambien 10mg #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) Pain.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Ambien. According to the ODG, Pain Section, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor

tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. There is no evidence in the records of insomnia to warrant Ambien. Therefore the request is not medically necessary.

Protonix 20mg 1 bid: 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.

Decision rationale: The CA MTUS does not address proton pump inhibitors such as Nexium and Protonix. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec)." In this particular case there is insufficient evidence in the records that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore the request is not medically necessary.

Ultram ER 150mg #30 (Dispensed 8/19/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore use of Tramadol is not medically necessary.

Preoperative INR: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.