

Case Number:	CM15-0216912		
Date Assigned:	11/06/2015	Date of Injury:	10/10/2013
Decision Date:	12/18/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old male, with a reported date of injury of 10-10-2013. The diagnoses include right lateral and medial epicondylitis. The initial evaluation report dated 09-25-2015 indicates that the injured worker complained of pain in the right elbow and right hand with radiation to the right arm. The pain was associated with numbness and weakness in the right hand. The injured worker rated his pain 6 out of 10; 5 out of 10 at its best; and 8 out of 10 at its worst. It was noted that his average level of pain in the last seven days was 6. On 08-26-2015, the injured worker rated his pain 3 out of 10. It was also noted that the pain increased with medications. The injured worker reported bowel problems, and had constipation. There was documentation that there was no abdominal pain, heartburn, nausea, vomiting, diarrhea, incontinence, rectal bleeding, or ulcers. The physical examination showed no acute distress; full range of motion of the right elbow; healed scar over the right lateral epicondyle; tenderness to palpation over the medial and lateral epicondyle; negative Tinel's sign; and diminished sensation in the right C5, C6, and C7 dermatomes of the upper extremities. The injured worker was given restrictions of lifting or carrying over 10 pounds, no pushing or pulling over 10 pounds, and no grasping or torqueing with the right upper extremity. The diagnostic studies to date have included a urine drug screen on 09-25-2015 with negative findings. Treatments and evaluation to date have included Norco, Celebrex, Ibuprofen, Lorazepam, Clonazepam, Tramadol (since at least 07-2015), Omeprazole (since at least 07-2015), Skelaxin, and physical therapy. The request for authorization was dated 10-01-2015. The treating physician requested Tramadol ER 150mg

#30 and Prilosec 20mg #60. On 10-08-2015, Utilization Review (UR) non-certified the request for Tramadol ER 150mg #30 and Prilosec 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg # 30: Overturned

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, criteria for use, Opioids for chronic pain, Opioids, dosing.

Decision rationale: The claimant sustained a repetitive motion injury to the right elbow with date of injury in October 2013. He underwent surgery for epicondylitis in February 2015 with bilateral epicondylar debridement and repair. As of 07/27/15, there had been 15 physical therapy treatments. He was seen for an initial evaluation in September 2015. His past medical history was that of depression and anxiety. Review of systems was positive for constipation. He had pain rated at 5-8/10. Physical examination findings included medial and lateral epicondyle tenderness. There was decreased right upper extremity sensation. Tramadol ER 150 mg #30, Diclofenac XR, and Prilosec were prescribed. Urine drug screening was performed with negative results. An opioid agreement was signed. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed when the claimant was having ongoing moderate to severe pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.

Prilosec 20 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a repetitive motion injury to the right elbow with date of injury in October 2013. He underwent surgery for epicondylitis in February 2015 with bilateral epicondylar debridement and repair. As of 07/27/15, there had been 15 physical therapy treatments. He was seen for an initial evaluation in September 2015. His past medical history was that of depression and anxiety. Review of systems was positive for constipation. He had pain rated at 5-8/10. Physical examination findings included medial and lateral epicondyle tenderness. There was decreased right upper extremity sensation. Tramadol ER 150 mg #30, Diclofenac XR, and Prilosec were prescribed. Urine drug screening was performed with negative results. An opioid agreement was signed. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the

claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Prilosec (omeprazole) is not medically necessary.