

Case Number:	CM15-0217561		
Date Assigned:	11/09/2015	Date of Injury:	03/08/2014
Decision Date:	12/28/2015	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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic wrist and elbow pain reportedly associated with an industrial injury of March 8, 2014. In a Utilization Review report dated October 10, 2015, the claims administrator failed to approve requests for Relafen, Prilosec, and Lidoderm patches. The claims administrator referenced an August 7, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a Doctor's First Report (DFR) dated August 7, 2015, the applicant reported complaints of hand, wrist, and forearm pain, 6/10. The applicant was not currently working, the treating provider acknowledged. It appeared the applicant was transferred care to new primary treating provider (PTP) on this date. An extremely proscriptive 1 to 2 pound lifting limitation was sought. The applicant was given diagnosis of elbow epicondylitis and ulnar triangular fibrocartilage tear. Relafen, Prilosec, and Lidoderm patches were endorsed. The applicant was notable only for dyslipidemia. The applicant was GI review of systems was positive for reflux, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Yes, the request for Relafen (nabumetone), an anti-inflammatory, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Relafen do represent the traditional first-line treatment for various chronic pain conditions. Here, the request in question was framed as a first-time request for Relafen on August 7, 2015. The applicant's new primary treating provider (PTP) prescribed Relafen (nabumetone) on a Doctor's First Report (DFR) of August 7, 2015. Introduction of Relafen was, thus, indicated, given the 6/10 pain complaints evident on the date in question. Therefore, the request is medically necessary.

Omeprazole 20mg #30: Overturned

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

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

Decision rationale: Similarly, the request for omeprazole (Prilosec), a proton pump inhibitor, was medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia reportedly present here on August 7, 2015. The applicant's GI review of systems was positive for reflux, the treating provider reported on that date. Introduction of omeprazole was, thus, indicated on or around the date in question. Therefore, the request is medically necessary.

Lidoderm 5% patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

Decision rationale: Finally, the request for Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated for treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with anti-depressants and/or anti-convulsants, here, however, there was no seeming mention of the applicant's having neuropathic pain complaints present on or around the date in

question, August 7, 2015. Neuropathic pain, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, is characterized by symptoms such as lancinating, electric shock-like, numbing, tingling, and burning sensations. Here, however, the August 7, 2015 office visit stated the applicant had mechanical wrist and elbow pain complaints attributed to elbow epicondylitis and a wrist triangular fibrocartilage tear, i.e., conditions not classically associated with neuropathic pain. There was, moreover, no mention of the applicant's having failed anti-depressant adjuvant medication or anti-convulsant adjuvant medications prior to introduction of the Lidoderm patches in question. Therefore, the request is not medically necessary.