

Case Number:	CM15-0035490		
Date Assigned:	03/04/2015	Date of Injury:	12/10/2012
Decision Date:	04/09/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/25/2015

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

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 56 year old female who sustained an industrial injury on 12/10/12. She reports bilateral elbow pain, wrist, tingling in her 3rd and fourth digits bilaterally, insomnia, and depression. Diagnoses include bilateral epicondylitis, status post left lateral epicondyle decompression surgery, insomnia, and left carpal tunnel syndrome. Treatments to date include medications and surgeries. In a progress note dated 01/16/15 the treating provider recommends a Toradol injection on the day of service, treatment with naproxen and Omeprazole, continue home exercise program, Tens patches, escitalopram and gabapentin, and psychologist consultation and cognitive behavior therapy. The patient noted that the medication does not help a bit and it gives her heartburn. Pain has been increased due to cold weather. The provider then notes that medication help with pain 30-40% with no side effects. Tenderness was noted on exam. Patient was advised to discontinue tramadol. On 02/11/15 Utilization Review non-certified fenoprofen and Omeprazole, citing MTUS guidelines. Toradol was non-certified, citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Ketorolac (Toradol).

Decision rationale: Regarding the request for Toradol injection, CA MTUS does not address the issue. ODG states that, when administered intramuscularly, may be used as an alternative to opioid therapy. Within the documentation available for review, the patient was noted to have significantly increased pain and her oral pain medications were not effective. In light of the above, the currently requested Toradol injection is medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

Decision rationale: Regarding the request for omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, the patient does have dyspepsia secondary to the NSAID, but ongoing use of the NSAID is not medically necessary given that it does not give the patient any pain relief, and tramadol was also discontinued. Therefore, there is no clear indication for ongoing use of omeprazole in the absence other medications likely to cause dyspepsia. In light of the above issues, the currently requested omeprazole is not medically necessary.

Fenoprofen 400mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

Decision rationale: Regarding the request for fenoprofen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the provider notes that the patient is receiving no pain relief from the medications and they are causing heartburn, but then later notes that there is 30-40% relief with no side effects. In the absence of clarity regarding the above issues, the currently requested fenoprofen is not medically necessary.