MAXIMUS Federal Services

Case Number:	CM15-0041374		
Date Assigned:	03/11/2015	Date of Injury:	02/07/2008
Decision Date:	04/14/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/04/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 44 year old female, who sustained an industrial injury on 2/07/2008. The mechanism of injury was not noted. The injured worker was diagnosed as having cervicobrachial myofascial pain syndrome, bilateral upper extremity overuse syndrome, status post left elbow lateral epicondylar release in 2009, status post left elbow cubital tunnel release in 2011, residual left cubital tunnel syndrome, right lateral epicondylitis, right elbow cubital tunnel syndrome, status post left knee arthroscopy, and chronic pain syndrome. Treatment to date has included surgical interventions and conservative measures, including medications, physical therapy, and acupuncture. An ergonomic Evaluation, dated 7/31/2014, was submitted. Currently, the injured worker complains of bilateral elbow and forearm pain, as well as bilateral hand numbness. She also reported left knee pain, increasing neck pain, and left axilla pain. Pain was rated 6-8/10. She reported an increase in upper extremity numbness since returning to work. Current medications included Duexis. Physical exam noted severe tenderness in the bilateral superior trapezius muscles, with a twitch response. Palpation of both trapezius muscles worsened bilateral arm numbness, left greater than right. Decreased sensation was noted to the left hand and from the right elbow to hand. The treatment plan included continued Duexis, noting that previous treatment with other anti-inflammatory medication was less effective, Sit and Stand desk for work, and Dragon or voice compatible system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis tablets QTY: 180.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk and Other Medical Treatment Guidelines Uptodate.com, NSAIDs (including aspirin): Primary prevention of gastroduodenal toxicity.

Decision rationale: Duexis contains Ranitidine and Ibuprofren. Ranitidine is an H2 antagonist used for the treatment of stomach ulcers and gastroesophageal reflux. MTUS states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." UptoDate states regarding H2 antagonist for GI prophylaxis, "Standard doses of H2 receptor antagonists were not effective for the prevention of NSAID-induced gastric ulcers in most reports, although they may prevent duodenal ulcers [33]. Studies that detected a benefit on gastric ulcer prevention were short-term (12 to 24 weeks) and focused on endoscopic rather than clinical endpoints." The patient does not meet the age recommendations for increased GI risk. The medical documents provided do not indicate history of peptic ulcer, GI bleeding or perforation. Medical records do not indicate that the patient is on ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Additionally, uptodate suggests that H2 antagonist at this dose is not useful for to prevent ulcers. The treating physician has not fully detailed a trial and failure of first line medications. As such, the request for Duexis tablets QTY: 180.00 is not medically necessary.

Sit to stand desk QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment and Other Medical Treatment Guidelines Medicare.gov, durable medical equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of a sit to stand desk. ODG does state regarding durable medical equipment (DME), "Recommended

generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature." Medicare details DME as: durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home. The request for a sit to stand desk likely meets the criteria for durability and home use per Medicare classification, although the request is non-specific. However, the treating physician fails to comment on what medical reason the patient has that would necessitate a sit to stand desk. The treating physician notes that changing her position during the day helps decrease knee and upper extremity pain. No validation of the patient's fragility, fall risk, lack of ability to perform these daily activities, or other components to justify this request. As such, the request for Sit to stand desk QTY: 1.00 is not medically necessary.

Dragon voice compatible system QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 (ODG) Forearm, wrist and Hand, DME and Other Medical Treatment Guidelines Medicare.gov, durable medical equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of a Dragon voice compatible system QTY: 1.00. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature." Medicare details DME as:-durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home. The request for a Dragon voice compatible system likely meets the criteria for durability and home use per Medicare classification, although the request is non-specific. However, the treating physician fails to comment on what medical reason the patient has that would necessitate a Dragon voice compatible system. A previous ergonomic evaluation recommended an ergonomic right handed mouse. The treating physician notes that changing her position during the day helps decrease upper extremity pain. While the treating physician notes multiple upper extremity diagnosis, the treating physician does not detail why an ergonomic mouse and keyboard do not work and the treating physician does not fully detail the patient's manual dexterity level. As such, the request for Dragon voice compatible system QTY: 1.00 is not medically necessary.