

Case Number:	CM15-0081680		
Date Assigned:	05/04/2015	Date of Injury:	06/04/2012
Decision Date:	06/22/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/28/2015

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 54-year-old who has filed a claim for chronic elbow and hand pain reportedly associated with an industrial injury of June 4, 2012. In a Utilization Review report dated April 13, 2015, the claims administrator failed to approve requests for elbow MRI imaging, Omeprazole, and topical LidoPro lotion. An April 2, 2015 progress note and an associated RFA form were referenced in the determination. The applicant's attorney subsequently appealed. The elbow MRI imaging in question was performed on April 20, 2015 and did apparently demonstrate questionable partial tearing of the common extensor origin with enlargement of the median and ulnar nerves, again of uncertain significance. In a clinical progress note dated April 2, 2015, the applicant reported complaints of elbow pain with occasional numbness about the left hand. The applicant's pain was concentrated in the lateral epicondylar region, the treating provider acknowledged. Pain with gripping and grasping was appreciated. MRI imaging of the elbow was endorsed to rule out common extensor tendon pathology. It was not stated how the proposed MRI would influence or alter the treatment plan. Naprosyn, Flexeril, Prilosec, and Tylenol No. 3 were endorsed while the applicant was placed off of work, on total temporary disability. No discussion of medication efficacy transpired. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Elbow Without Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

Decision rationale: No, the request for MRI imaging of the left elbow was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 10, page 42, MRI imaging is "not recommended" for applicants with suspected epicondylalgia, as was seemingly present here. The applicant presented with complaints of elbow epicondylar pain on or around the date in question, April 2, 2015. MRI imaging of the elbow was notable for common extensor tendon origin tendinopathy and partial tearing, consistent with the established diagnosis of lateral epicondylitis, i.e., a diagnosis for which MRI imaging is not recommended, per ACOEM. The attending provider failed to furnish a compelling applicant-specific rationale so as to establish the case for a variance from the guideline. The attending provider did not, for instance, state that the proposed MRI would influence or alter the treatment plan and/or lead to the applicant's considering surgery, for instance. Therefore, the request was not medically necessary.

Omeprazole 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Similarly, the request for Omeprazole (Prilosec), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Omeprazole (Prilosec) are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone on or around the date in question, April 2, 2015. Therefore, the request was not medically necessary.

Lidopro 121 gm-4 fl oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation LIDOPRO- capsaicin, lidocaine, menthol and – Daily Med dailymed.nlm.nih.gov/dailymed/getFile.cfm?setid...94b9...LIDOPRO-capsaicin, lidocaine, menthol and methyl salicylate ointment. Terrain Pharmaceuticals.
Disclaimer: Most OTC drugs are not reviewed and approved.

Decision rationale: Finally, the request for topical LidoPro lotion was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, the primary ingredient in the compound, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Naprosyn, Flexeril, Tylenol No. 3, etc., effectively obviated the need for the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.