

Case Number:	CM15-0088581		
Date Assigned:	05/12/2015	Date of Injury:	05/06/2010
Decision Date:	06/12/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/08/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 31 year old female who sustained an industrial injury on 05/06/2010. A previous injury to the left wrist in 2007 was noted and the injured worker underwent left carpal tunnel decompression in 2008. The injured worker was diagnosed with recurrent left carpal tunnel syndrome, ulnar neuritis, left shoulder tendinopathy, cervical strain and left lateral epicondylitis. Treatment to date includes electrodiagnostic testing on September 25, 2014, physical therapy, home exercise program, steroid injections with a 4th left cubital tunnel steroid injection on March 23, 2015, night extension splint and medications. According to the primary treating physician's progress report on March 23, 2015, the injured worker continues to experience dysesthesias of the left upper extremity with pain radiating from the elbow to the ring and small fingers and proximally into the left shoulder. Examination demonstrated tenderness to palpation directly over the carpal and cubital tunnels of the left arm. Provocative testing was positive. Paracervical tenderness, which radiated into the trapezius with some hypertonia was noted. There was tenderness of the left shoulder and subdeltoid bursa with full passive range of motion and mild tenderness persisting over the left lateral epicondyle. Current medications are listed as Voltaren ER, Ultram ER and Protonix. Treatment plan consists of continuing with medication regimen, home exercise program and the current retrospective requests for ultrasound guided needle placement and dexamethasone injection to the left cubital tunnel, Ultram ER and Protonix renewals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Needle placement and Dexamethasone injection, Left Cubital Tunnel:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 10, Elbow, Official Disability Guidelines (ODG), Elbow (Acute & Chronic) Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Corticosteroid injection.

Decision rationale: Pursuant to the Official Disability Guidelines, ultrasound guided needle placement and Dexamethasone injection left cubital tunnel is not medically necessary. Injections are not recommended as a routine intervention for epicondylitis. In the past single injection was suggested as a possibility for short-term pain relief in cases of severe pain from epicondylitis and the long-term outcome could be poor. In most cases, physicians should carry out conservative measures for 4 to 6 weeks before considering injections. In this case, the injured worker's working diagnoses are left carpal tunnel decompression 2008; recurrent left cubital tunnel syndrome and median neuritis; left shoulder tendinopathy; cervical strain; and left lateral epicondylitis. The injured worker has had multiple (3 prior) cortisone injections to the affected area. The injections provide the injured worker with 1-2 weeks of significant symptom relief. The injured worker continues to have symptoms of numbness and tingling. There is no documentation of objective functional improvement. Subjectively, according to a March 23, 2015 progress note, the injured worker has persistent symptoms involving the left upper extremity pain radiating from the elbow to the ring and small fingers and radiating up to the shoulder. The injured worker states she has been relatively stable with medications, injections and the use of a night extension splint. Objectively, there is tenderness involving the cubital tunnel and paracervical region. There is mild persistent tenderness over the carpal and cubital tunnels of the left arm. The documentation indicates the injured worker receives one to two weeks of significant symptom relief. There is no objective functional improvement with ongoing cortisone injections. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, ultrasound guided needle placement and Dexamethasone injection left cubital tunnel is not medically necessary.

Protonix 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Omeprazole.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix 20mg #60 mg is not medically necessary. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are left carpal tunnel decompression 2008; recurrent left cubital tunnel syndrome and median neuritis; left shoulder tendinopathy; cervical strain; and left lateral epicondylitis. Documentation from a January 23, 2014 progress note shows the injured worker was prescribed Voltaren 100 mg, Protonix 20 mg b.i.d., Ultram ER 150 mg, Norco 5/325 mg, and Ambien. There is no documentation demonstrating risk factors or comorbid conditions putting the injured worker at risk for gastrointestinal events. There is no specific history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. The documentation indicates the injured worker has a non-tolerance to other nonsteroidal anti-inflammatory drugs with a history of gastritis. Protonix was prescribed to prevent gastric ulceration given the need for nonsteroidal anti-inflammatory medication. Protonix is indicated 20 mg once daily. The treating provider prescribed Protonix 20mg bid. B.i.d. dosing is not consistent with the guidelines. Consequently, absent appropriate dosing guidelines (Protonix 20 mg po qd), Protonix 20mg #60 mg is not medically necessary.

Ultram ER 150mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram ER 150mg # 30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are left carpal tunnel decompression 2008; recurrent left cubital tunnel syndrome and median neuritis; left shoulder tendinopathy; cervical strain; and left lateral epicondylitis. The documentation shows the injured worker has been taking Ultram ER150mg as far back as January 23, 2014. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There have been no attempts to wean Ultram ER over the 12 prior months. There is no documentation demonstrating objective functional improvement with ongoing Ultram ER. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Ultram, risk assessment, detailed pain assessments, and attempt to wean, Ultram ER 150mg # 30 is not medically necessary.