MAXIMUS Federal Services

Case Number:	CM14-0126494		
Date Assigned:	09/05/2014	Date of Injury:	06/06/2005
Decision Date:	10/14/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/09/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year old female who sustained an injury on 06/06/05 when she was assaulted by a patient who grabbed her hair and yanked her head to the left. The injured worker has been followed for ongoing neck and shoulder pain. The injured worker has had a prior left shoulder arthroscopy in 2009. Other treatment has included physical therapy, injections, bracing, and medications. The injured worker had previously utilized a transcutaneous electrical nerve stimulation (TENS) unit. As of 06/30/14 the injured worker reported persistent pain in the left elbow with associated numbness and tingling. The physical exam at this evaluation noted tenderness to palpation along the medial epicondyle as well as over the ulnar nerve. The requested electromyography (EMG) study, Protonix, and Ultram prescribed on 06/30/14 was denied on 07/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: In regards to the use of Protonix 20 milligrams quantity sixty, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this request of Protonix 20mg #60 is not medically necessary and appropriate.

EMG (Electromyography) left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 239-240.

Decision rationale: The requested electromyography (EMG) study for the left upper extremity would not be supported as medically necessary. The injured worker has noted tenderness to palpation over the ulnar nerve in the left upper extremity; however, there is no indication of any radicular symptoms secondary to cervical spine pathology that would support EMG studies to confirm a diagnosis of cervical radiculopathy. As such, this request of EMG (Electromyography) left upper extremity.

Ultram 37.5/325mg #120 dispensed on 06/30/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the use of Ultram 37.5/325 milligrams quantity 120 prescribed on 06/30/14, the request for this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. There is no indication from the records what functional improvement or pain reduction has been obtained with the use of this medication that would support ongoing use at this time. Ultram can be utilized for moderate to severe musculoskeletal pain; however, guidelines would recommend ongoing assessments documented the functional and pain benefits derived from this medication. Given the lack of any specific functional improvement or pain reduction, this request of Ultram 37.5/325mg #120 dispensed on 06/30/2014 is not medically necessary and appropriate.