

Case Number:	CM14-0142328		
Date Assigned:	09/10/2014	Date of Injury:	03/17/2014
Decision Date:	10/28/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation 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:

This 36 year-old patient sustained an injury on 3/17/14 while employed by [REDACTED]. Request(s) under consideration include Retrospective Voltaren 100mg #30 , Retrospective Prilosec 20mg #90 , and Retrospective Tramadol 50mg #60 DOS 07/18/2014. Diagnoses include Ulnar tunnel compression; Medial and lateral epicondylitis. Report of 4/1/14 from a provider noted the patient with no improvement after 4 OT visits; patient is currently on modified duty; toleration medications; DME helping with symptoms of pain and numbness in fingers, right elbow/ arm. Exam showed full elbow range with tenderness at medial and lateral epicondyle; no effusion in elbow joint; no crepitation or dislocation noted; positive right ulnar nerve irritation; intact DTRs, intact sensation in left upper extremities; right upper extremity with decreased sensation in medial forearm at C8; 5/5 motor strength in bilateral upper extremities. Conservative care has included medications, occupational therapy, acupuncture, and modified activities/rest. Report of 5/15/14 from a provider noted the patient to remain off work for 6 weeks for diagnoses of right elbow medial and lateral epicondylitis. Report of 7/18/14 from the provider noted the patient with ongoing complaints of right elbow pain and hand numbness. Exam showed right elbow tenderness. The request(s) for Retrospective Voltaren 100 mg #30 and Retrospective Prilosec 20mg #90 DOS 07/18/2014 were non-certified and Retrospective Tramadol 50mg #60 DOS 07/18/2014 was modified for weaning on 8/8/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Voltaren 100 mg #30 DOS 7/18/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for this injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Retrospective request for Voltaren 100 mg #30 DOS 7/18/2014 is not medically necessary and appropriate.

Retrospective request for Prilosec 20 mg #90 DOS 07/18/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Retrospective request for Prilosec 20mg #90 DOS 07/18/2014 is not medically necessary and appropriate.

Retrospective Tramadol 50mg #60 DOS 07/18/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be

reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent pain. The Retrospective request for Tramadol 50 mg #60 DOS 07/18/2014 is not medically necessary and appropriate.