

Case Number:	CM14-0142989		
Date Assigned:	09/10/2014	Date of Injury:	06/26/2013
Decision Date:	10/29/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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:

This injured worker is a 34 year old male with an injury date of 06/26/13. The mechanism of injury is not provided for this review. On 08/15/14, the injured worker was seen in clinic and it was noted then that he had a normal gait. Assessment was lateral epicondylitis, as well as medial epicondylitis, carpal tunnel syndrome, and chronic pain syndrome. Medications at that time included Lidoderm patch, Omeprazole, and Vicodin 5mg. At that time pain was rated at 8/10 increasing with work. He was wearing a neoprene brace on his right elbow. The plan at that time was to continue medications with Ibuprofen and Vicodin and Omeprazole. A utilization review determination subsequently determined that Ibuprofen was considered not reasonable as the injured worker had been on long term NSAID therapy without any documentation of significant derived benefit through prior long term use. Additionally, Omeprazole was not reasonable per that utilization review as the injured worker was not at intermediate risk of GI events. Additionally, the utilization review also determined that the use of Vicodin was not considered reasonable as there was no significant improvement in pain symptoms with that medication. A request has been submitted for Ibuprofen 800 mg, Omeprazole 20 mg, and Vicodin 5 mg/300 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg tablet, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID
Page(s): 72.

Decision rationale: The records provided for this review do not document a rationale for continuing this medication. The submitted records indicate the injured worker had been on this medication for a significant length of time. Guidelines recommend this medication at the lowest dosage for the shortest period of time. Records indicate the injured worker has pain rated at 5/10 and therefore, the efficacy of this medication has not been documented by the records. Functional improvement has also not been documented by the records for this medication. Therefore, continuation of this medication is not supported by the records and is not medically necessary.

Omeprazole 20mg #30 with 2 refills: 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 NSAID
Page(s): 68-69.

Decision rationale: The guidelines recommend this medication for those injured workers at risk for GI events while undertaking NSAID therapy. The records do not indicate this injured worker has significant GI events in the past or is currently experiencing GI events caused by NSAID therapy. Additionally, NSAID therapy has now been recommended for discontinuation. Therefore, the rationale for continuation of Omeprazole has not been provided from the records and it is not medically necessary.

Vicodin 5mg 300mg tablet #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 51, 74, 75, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78, 92.

Decision rationale: The overall efficacy of this medication has not been provided for the review. The records indicate the injured worker has pain rated at 8/10 going to 5/10 on some occasions. The overall efficacy of this medication therefore has not been documented. Functional improvement with this medication has not been documented. While on opiate therapy, guidelines recommend adherence to the four A's including analgesia and activities of daily living. With effective analgesia not being documented and without documentation of functional improvement, the continuation of this medication is not supported by guidelines. Therefore, it is not medically necessary.

