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| Case Number: | CM14-0148163 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 09/11/2012 |
| Decision Date: | 11/12/2014 | UR Denial Date: | 08/11/2014 |
| Priority: | Standard | Application Received: | 09/11/2014 |

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 50 year old female with an injury date of 09/11/12. Based on the 07/22/14 progress report provided by [REDACTED], the patient complains of left elbow pain. Physical examination to the left elbow reveals tenderness over the lateral epicondyle. Positive Tinels to cubital and ulnar tunnel, and positive flexion test. Per progress reports dated 06/17/14 and 07/22/14, patient has been prescribed and dispensed Diclofenac for anti-inflammatory, Omeprazole, to reduce NSAID gastritis prophylaxis and Tramadol ER for chronic pain relief. Medications allow her increased functional ability and pain relief. Patient is temporarily totally disabled. Diagnosis 07/22/14; status post right elbow medial and lateral fasciectomy, ulnar nerve transposition, microfracture 06/02/14; medial epicondylitis left; lateral epicondylitis left; cubital tunnel syndrome left; ulnar tunnel syndrome left. The utilization review determination being challenged is dated 08/11/14. The rationale follows:1) Retro Omeprazole 20mg Qty: 60 : no documentation for risk of gastrointestinal events2) Retro Tramadol ER 150mg Qty: 60 : no documentation of VAS, side effects, aberrant drug behavior,...3) Diclofenac XR 100mg Qty: 60 : long term use not warranted

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Omeprazole 20mg QTY:60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs, GI symptoms & cardiovascular.

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

Decision rationale: The patient presents with left elbow pain. The request is for Retro Omeprazole 20mg Qty: 60. She is status post right elbow medial and lateral fasciectomy, ulnar nerve transposition, microfracture 06/02/14. Her diagnosis dated 07/22/14 includes left medial and lateral epicondylitis, and left cubital and ulnar tunnel syndrome. Medications allow her increased functional ability and pain relief. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk.; Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress reports dated 06/17/14 and 07/22/14, patient has been prescribed and dispensed Omeprazole to reduce NSAID gastritis prophylaxis. Diclofenac is included in her list of medications. However, there is no GI risk assessment as required by MTUS. There are no GERD or other GI problems to warrant use of Omeprazole. Therefore, the request is not medically necessary.

RETRO Tramadol ER 150mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS MTUS on-going management Page(s): 78, 88, 89.

Decision rationale: The patient presents with left elbow pain. The request is for Retro Tramadol ER 150mg Qty: 60. She is status post right elbow medial and lateral fasciectomy, ulnar nerve transposition, microfracture 06/02/14. Her diagnosis dated 07/22/14 includes left medial and lateral epicondylitis, and left cubital and ulnar tunnel syndrome. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress reports dated 06/17/14 and 07/22/14, patient has been prescribed and dispensed Tramadol ER for chronic pain relief. In this case, while the treater provides a general statement that medications allow her increased functional ability and pain relief., there are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, Therefore, the request is not medically necessary.

RETRO Diclofenac XR 100mg QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs, GI symptoms & cardiovascular.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 22.

Decision rationale: The patient presents with left elbow pain. The request is for Diclofenac XR 100mg Qty: 60. She is status post right elbow medial and lateral fasciectomy, ulnar nerve transposition, microfracture 06/02/14. Her diagnosis dated 07/22/14 includes left medial and lateral epicondylitis, and left cubital and ulnar tunnel syndrome. MTUS states on page 22, Chronic pain: Anti-inflammatory medications : "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." Per progress reports dated 06/17/14 and 07/22/14, treater states that patient has been prescribed and dispensed Diclofenac for anti-inflammatory, and medications allow her increased functional ability and pain relief. The request meets MTUS indication. Therefore, the request is not medically necessary.