

Case Number:	CM14-0165710		
Date Assigned:	10/10/2014	Date of Injury:	07/08/2013
Decision Date:	11/14/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/08/2014

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 Occupational 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 applicant is a [REDACTED] employee who has filed a claim for right upper extremity pain, right forearm pain, and right elbow pain reportedly associated with an industrial contusion injury of July 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and work restrictions. In a Utilization Review Report dated September 22, 2014, the claims administrator retrospectively denied several medications dispensed on July 15, 2014, including diclofenac, omeprazole, and tramadol. In a September 23, 2014 progress note, the applicant was described as having recalcitrant right lateral epicondylitis. The applicant was asked to pursue a right elbow open lateral facetectomy. Diclofenac and omeprazole were endorsed, along with a rather proscriptive 10-pound lifting limitation. 7/10 pain was noted. It did not appear that the applicant was working with said 10-pound lifting limitation in place. In a progress note dated August 19, 2014, the applicant received an elbow corticosteroid injection. The applicant was given diclofenac, omeprazole, and tramadol. It was stated that the applicant's pain complaints were 10/10. At the bottom of the report, it was stated that medications were giving the applicant some relief, although this was not quantified. It was stated that omeprazole was being employed for gastric prophylaxis purposes. In a July 15, 2014 progress note, the applicant was described as 37 years old. 5/10 pain was noted. The visit in question was first-time visit, it was acknowledged. The applicant was currently using naproxen and tizanidine, it was further noted. Prescriptions for diclofenac, tramadol, and omeprazole were endorsed at the bottom of the report, along with a rather proscriptive 10-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Diclofenac XR 100mg #60 dispensed on 7/15/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Functional Restoration Approach to Chronic Pain Management Page(.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as diclofenac do represent the traditional first line of treatment for various chronic pain conditions, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. In this case, however, the attending provider has failed to outline any basis for provision of two separate NSAIDs, diclofenac and naproxen. The applicant was described as already using naproxen on a July 15, 2014 initial consultation. It was not stated why diclofenac was being added to the mix. Therefore, the request was not medically necessary.

Retrospective request for Omeprazole 20mg #60 dispensed on 7/15/2014: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants at heightened risk for gastrointestinal events and who, by implication, qualify for prophylactic usage of proton pump inhibitors includes those individuals using multiple NSAIDs. In this case, the applicant was using multiple NSAIDs, namely diclofenac and naproxen on or around the date in question. Prophylactic usage of omeprazole, a proton pump inhibitor, was therefore indicated on or around the date in question. Therefore, the request was medically necessary.

Retrospective request for Tramadol ER 150mg #60 dispensed on 7/15/2014: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 94.

Decision rationale: The request in question did represent a first-time request for tramadol. As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol is indicated in the treatment of "moderate-to-severe pain," as was present here on or around the date in question, July 15, 2014. The request in question, furthermore, represented a first-time request for tramadol. The attending provider had seemingly posited that earlier usage of NSAIDs, physical therapy, corticosteroid injection therapy, etc., had not been altogether successful. Introduction of tramadol was indicated on or around the date in question. Therefore, the request was medically necessary.