

Case Number:	CM14-0183929		
Date Assigned:	11/10/2014	Date of Injury:	04/11/2008
Decision Date:	12/15/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/04/2014

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 & Rehabilitation, 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 55 year old female with an injury date of 04/11/08. Based on the 10/21/14 progress report provided by treating physician, the patient complains of pain in the right shoulder, right elbow, right arm, right wrist, and right hand. The patient underwent a right lateral epicondylar debridement, posterior interosseous nerve release, and lateral collateral ligament reconstruction with anconeus neurovascular pedicle flap on 04/22/10. Pain did not resolve following surgery. She had a great deal of pain along the medial aspect of the right elbow. Corticosteroid injections and extensive physical therapy did not result in lasting improvement. Acupuncture was also completed without lasting improvement. Patient reports motivation to return to work if she could get better. She is not receiving disability benefits. Treater states "we have exhausted all conservative and surgical options at this point. The patient has failed all medical treatment options, remains functionally impaired." Treater is requesting "functional restoration multi-disciplinary evaluation to further evaluate and quantify the patient's functional deficits and to determine whether the patient is an appropriate candidate for participation in a functional restoration program." Patient's medications include Butrans patch, Norco, Naproxen, Zofran and Omeprazole, which have been prescribed in progress reports dated 05/12/14 and 10/21/14. Zofran is prescribed to address nausea patient is reporting with the use of opioids. Diagnosis 10/21/14- lesion of ulnar nerve- lateral epicondylitis The utilization review determination being challenged is dated 10/29/14. Treatment reports were provided from 05/12/14 - 10/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60: Upheld

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

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

Decision rationale: The patient presents with right shoulder, right elbow, right arm, right wrist, and right hand pain. The request is for Omeprazole 20mg #60. The patient underwent a right lateral epicondylar debridement, posterior interosseous nerve release, and lateral collateral ligament reconstruction with anconeus neurovascular pedicle flap on 04/22/10. Pain did not resolve following surgery. She had a great deal of pain along the medial aspect of the right elbow. Patient's diagnosis dated 10/21/14 included lesion of ulnar nerve and lateral epicondylitis. Patient's medications include Butrans patch, Norco, Naproxen, Zofran and Omeprazole, which have been prescribed in progress reports dated 05/12/14 and 10/21/14. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg. 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." Treater has quoted guidelines in progress report dated 10/21/14, but did not discuss reason for the request. Omeprazole and Naproxen have been prescribed in progress reports dated 05/12/14 and 10/21/14. Treater has not provided GI assessment nor mentioned intended prophylactic use. It's been at least 5 months since being prescribed, and treater has not indicated how patient is doing, and why she needs to continue. Given the lack of documentation of continued need for this medication, the request is not medically necessary.

Multidisciplinary evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines has the following: Chronic pain programs (functional restoration programs) Page(s): 30-33.

Decision rationale: The patient presents with right shoulder, right elbow, right arm, right wrist, and right hand pain. The request is for Multidisciplinary Evaluation. The patient underwent a right lateral epicondylar debridement, posterior interosseous nerve release, and lateral collateral ligament reconstruction with anconeus neurovascular pedicle flap on 04/22/10. Pain did not resolve following surgery. She had a great deal of pain along the medial aspect of the right elbow. Patient's diagnosis dated 10/21/14 included lesion of ulnar nerve and lateral epicondylitis. Patient's medications include Butrans patch, Norco, Naproxen, Zofran and Omeprazole, which have been prescribed in progress reports dated 05/12/14 and 10/21/14.

MTUS pages 30-33 has the following: Chronic pain programs (functional restoration programs): Chronic pain programs, early intervention: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks." Per progress report dated 10/21/14, treater is requesting "functional restoration multi-disciplinary evaluation to further evaluate and quantify the patient's functional deficits and to determine whether the patient is an appropriate candidate for participation in a functional restoration program." Corticosteroid injections and extensive physical therapy did not result in lasting improvement. Acupuncture was also completed without lasting improvement. Patient reports motivation to return to work if she could get better. She is not receiving disability benefits. Treater states "we have exhausted all conservative and surgical options at this point. The patient has failed all medical treatment options, remains functionally impaired." Based on MTUS, patient meets qualifying recommendations and may benefit from a functional restoration program via multidisciplinary approach. The request is medically necessary.

Zofran 8 mg #10: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Antiemetics (for opioid nausea)

Decision rationale: The patient presents with right shoulder, right elbow, right arm, right wrist, and right hand pain. The request is for Zofran 8mg #10. The patient underwent a right lateral epicondylar debridement, posterior interosseous nerve release, and lateral collateral ligament reconstruction with anconeus neurovascular pedicle flap on 04/22/10. Pain did not resolve following surgery. She had a great deal of pain along the medial aspect of the right elbow. Patient's diagnosis dated 10/21/14 included lesion of ulnar nerve and lateral epicondylitis. Patient's medications include Butrans patch, Norco, Naproxen, Zofran and Omeprazole, which have been prescribed in progress reports dated 05/12/14 and 10/21/14. ODG guidelines have the following regarding antiemetics: "ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use." Per progress report dated 10/21/14, Zofran is prescribed to address nausea patient is reporting with the use of opioids. However, guidelines do not support this medication for nausea secondary to chronic opioid use. The request is not medically necessary.