

Case Number:	CM14-0095304		
Date Assigned:	09/15/2014	Date of Injury:	08/14/2002
Decision Date:	10/16/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/23/2014

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 represented [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of August 14, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; reported diagnosis with elbow epicondylitis and ulnar neuropathy; opioid therapy; TENS unit; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated June 11, 2014, the claims administrator denied a request for naproxen, partially certified a request for hydrocodone-acetaminophen, and denied a request for Meloxicam. The applicant's attorney subsequently appealed. In a progress note dated November 21, 2012, the applicant stated that he had continuing complaints of right arm and right elbow pain. The applicant was reportedly working as a distributor, while using naproxen and Norco, it was stated. The applicant's BMI was 32. The applicant was also using a TENS unit, it was incidentally noted. 20-pound lifting limitation was renewed. In a later encounter dated February 20, 2014, the applicant reported persistent complaints of neck, elbow, and arm pain. The applicant was off of work through April, it was stated at this point in time. In a progress note dated July 22, 2014, the applicant was asked to continue a 20-pound lifting limitation. The applicant was "not currently working," it was stated. Wrist and elbow pain were noted. The applicant was given refills of naproxen, Vicodin, and Mobic. A 20-pound permanent lifting limitation was renewed. In an earlier note dated May 20, 2014, the applicant stated that his elbow and arm pain were reportedly worsened. Permanent work restrictions were renewed. It did not appear that the applicant was working. There was no explicit discussion of medication efficacy on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic. Page(s): 22,7. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first-line treatment for various chronic pain conditions, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should factor into account applicant-specific factor such as "efficacy" and "other medications" into his choice of recommendations. In this case, however, the attending provider has not furnished any compelling rationale for provision of two separate NSAIDs, Mobic and naproxen. The attending provider has not explicitly discussed whether or not naproxen has been effective in any of the recent progress notes. The fact that the applicant is off of work, however, and remains dependent on opioid agents such as Vicodin, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing naproxen usage. Therefore, the request is not medically necessary.

Hydrocodone-Acetaminophen 5/500mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is no longer working as a delivery driver/truck driver. The attending provider has not recounted any quantifiable decrements in pain or tangible, material increments in function achieved as a result of ongoing hydrocodone-acetaminophen usage. Therefore, the request is not medically necessary.

Meloxicam 7.5mg with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should factor into account applicant-specific variables such as "efficacy" and "other medications" into his choice of recommendations. In this case, however, the attending provider has failed to outline rationale for provision of two separate anti-inflammatory medications, meloxicam or naproxen, nor has the attending provider explicitly incorporated any discussion of efficacy into his decision to renew meloxicam. Therefore, the request for Meloxicam 7.5mg with 5 refills is not medically necessary and appropriate.