MAXIMUS Federal Services

Case Number:	CM14-0212943		
Date Assigned:	12/30/2014	Date of Injury:	05/19/2011
Decision Date:	03/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 41 year old female who was injured on 5/19/2011. The diagnoses are lumbago, lateral epicondylitis, cervicalgia, headache and cubital tunnel syndrome.The patient completed cubital tunnel and lateral epicondyle release procedures and steroid injections. The 2012 MRI of the lumbar spine showed multilevel disc bulges with compromise to existing nerve roots.On 10/31/2014, there was subjective complaint of pain score of 7-8/10 on a scale of 0 to 10. There were objective findings of decreased range of motion of the affected joints, tenderness to palpation of the lumbar paravertebral muscles, positive Tinel sign, positive axial compression test, positive Spurling's sign and decreased sensation in the affected ulnar dermatomes. The examination of the left elbow showed a full range pf motion, tenderness to palpation over the olecranon groove and epicondyles, positive Tinel sign but no swelling or instability. A left elbow steroid injection was done. A Utilization Review determination was rendered on 11/25/2014 recommending non certification for omeprazole DR 20mg #120, ondansetron 8mg ODT #30, Tramadol HCL ER 150mg #90, Eszopiclone 1mg #30, Retro intra-articular injection left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Proton Pump inhibitors.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of gastritis in patients at a high risk of NSAIDs induced gastrointestinal complications. The records did not show that the patient is utilizing oral NSAIDs. There is no documentation of the presence of other co-existing high risk conditions such as age greater than 65 years or a past history of GI bled. The criteria for the use of Omeprazole DR 20mg #120 was not met.

Odansetron 8 mg ODT # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed:Zofran

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Headache Antiemetics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the routine use of anti-emetics during chronic opioids treatment is rarely indicated because the nausea and vomiting of chronic opioids medications is self- limiting. The guidelines recommend that ondansetron can be utilized as a second line option for the acute treatment of nausea and vomiting during migraine, chemotherapy or in the acute care setting. The criteria for the use of Ondansetron 8mg ODT #30 was not met.

Tramadol HCL ER 150 mg # 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Tramadol

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The use of extended release Tramadol is associated with less adverse effects than pure opioid agonists. The records show that the patient is experiencing exacerbation of the musculoskeletal pain.

There are no reports of aberrant medication behavior or adverse effect. The criteria for the use of Tramadol HCL ER150mg #90 was met.

Eszopiclone Tablets 1 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of sleep medications or hypnotics be reserved as second line option after non medication measures such as improvement of sleep hygiene and investigation of treatable causes of insomnia have been done. The guidelines recommend the use of hypnotics be limited to short term periods of about 4 weeks in the treatment of insomnia. The chronic use of sedatives and hypnotics can be associated with the development tolerance, dependency, daytime somnolence, addiction and adverse interaction with opioids and sedatives. The records show that the patient had utilized the medication longer than the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Eszopiclone 1mg #30 was not met.

Retrospective request for: Intra-Articular Injection to the left elbow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Upper Extremity Joints.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain injections can be utilized for the treatment of joint arthritis and epicondylitis when conservative treatment with medications and PT have failed. The records indicate that the patient suffered recurrent exacerbation of the left elbow pain despite conservative management with medications and physical treatments. There were subjective and objective findings indicative of exacerbation of the left elbow condition. The criteria for retrospective left elbow intra-articular injection was met.