

Case Number:	CM14-0036193		
Date Assigned:	06/25/2014	Date of Injury:	09/19/2013
Decision Date:	02/04/2015	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/25/2014

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 Emergency 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 injured worker is a 46 year-old male, who sustained an injury on September 19, 2013. The mechanism of injury is not noted. Treatments have included: physical therapy, medications. The current diagnoses are: right elbow lateral epicondylitis, right shoulder tendonitis - rule out internal derangement. The stated purpose of the request for Hydrocodone/APAP 5-325 MG # 30 was to provide pain relief. The request for Hydrocodone/APAP 5-325 MG # 30 was denied on March 17, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Methocarbamol 750 MG # 90 was for muscle spasms. The request for Methocarbamol 750 MG # 90 was modified for QTY # 60 on March 17, 2014, citing a lack of documentation of muscle spasms on exam or functional improvement. The stated purpose of the request for Flurbitac 100/100 MG (Flubiprofen/Ranitidine) # 90 was to prevent GI side effects. The request for Flurbitac 100/100 MG (Flubiprofen/Ranitidine) # 90 was denied on March 17, 2014, citing a lack of documentation of GI distress symptoms. Per the report dated March 3, 2014, the treating physician noted complaints of right elbow pain and right shoulder pain. Exam showed right elbow pain and right shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5-325 MG # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Usage Page(s): 63,76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain Page(s): 78-80; 80-82.

Decision rationale: The requested Hydrocodone/APAP 5-325 MG # 30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right elbow pain and right shoulder pain. The treating physician has documented right elbow pain and right shoulder pain. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone/APAP 5-325 MG # 30 is not medically necessary.

Methocarbamol 750 MG # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Methocarbamol 750 MG # 90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has right elbow pain and right shoulder pain. The treating physician has documented right elbow pain and right shoulder pain. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Methocarbamol 750 MG # 90 is not medically necessary.

Flurbiprofen 100/100mg (Flurbiprofen/Ranitidine) # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications, NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications (NSAIDs), GI Symptoms & Cardiovascular Risk Page(s): 22; 68-69.

Decision rationale: The requested Flurbiprofen 100/100 MG (Flurbiprofen/Ranitidine) # 90: is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Page 22, Anti-

inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. "The injured worker has right elbow pain and right shoulder pain. The treating physician has documented right elbow pain and right shoulder pain. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use. The treating physician has not documented medication-induced GI complaints or GI risk factors. The criteria noted above not having been met, Flurbitac 100/100 mg (Flurbiprofen/Ranitidine) # 90: is not medically necessary.