

Case Number:	CM15-0175078		
Date Assigned:	09/16/2015	Date of Injury:	04/18/2007
Decision Date:	10/16/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/04/2015

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: New York, West Virginia,
 Pennsylvania Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old female sustained an industrial injury on 4-18-07. Documentation indicated that the injured worker was receiving treatment for lateral epicondylitis with lesion of ulnar nerve. Previous treatment included left elbow surgery, physical therapy and medications. In a PR-2 dated 4-24-15, the injured worker complained of ongoing pain and swelling in the left elbow laterally associated with numbness, tingling, weakness and more stiffness due to weather effects. The injured worker rated her pain 5 to 9 out of 10 on the visual analog scale. The injured worker reported having no bowel or bladder problems. Physical exam was remarkable for left elbow with full range of motion, tenderness to palpation over the epicondyle and mild swelling, 5 out of 5 strength to bilateral upper extremities except decreased strength on left elbow flexion and extension and 8kg left Jamar grip strength. The treatment plan included continuing Tramadol and Tizanidine and adding Prilosec as gastrointestinal prophylaxis. In a PR-2 dated 6-19-15, the injured worker's complaints and physical exam were unchanged. The injured worker reported having no bowel or bladder problems. The physician noted that recent magnetic resonance imaging lower extremity showed lateral, medial and triceps tendinitis, status post common extensors release and status post left elbow surgery. The treatment plan included twelve sessions of physical therapy and continuing medications Ultram ER, Prilosec and Orphenadrine. On 8-14-15, Utilization Review noncertified a retrospective request for Orphenadrine 100mg #60, Ultram ER 150mg #60 and Prilosec 20mg #60 (6-19-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Orphenadrine 100mg #60 (DOS 6/19/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the use of this medication. The request for Norflex 100 mg #30 is not medically appropriate and necessary.

Retrospective Ultram ER 150mg #60 (DOS 6/19/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Guidelines support short-term use of opiates for moderate to severe pain after first line medications have failed. There is no documentation of any first line analgesics being currently used. In addition, Ultram is not recommended as a first line oral analgesic. The request for ultram 150 mg #60 is not medically appropriate and necessary.

Retrospective Prilosec 20mg 60 capsules (DOS 6/19/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Guidelines allow for use of a proton pump inhibitor on a prophylactic basis if the patient has risk factors for GI events such as peptic ulcer, GI bleeding or perforation. PPI may also be used for treatment of dyspepsia secondary to NSAID use. In this case, there is no evidence that the patient suffered from any gastrointestinal symptoms. The request for Prilosec 20 mg #60 is not medically appropriate and necessary.