

Case Number:	CM15-0178106		
Date Assigned:	09/18/2015	Date of Injury:	02/04/2014
Decision Date:	10/21/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/10/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 28 year old male, who sustained an industrial injury on February 4, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having right elbow pain, right lateral epicondylitis and right ulnar neuropathy. Treatment to date has included medications and physical therapy to the right elbow. On September 4, 2015, the injured worker complained of right elbow pain rated as a 6 on a 1-10 pain scale. No gastrointestinal complaints were included in this report. He did not report any change in location of pain and no new problems or side effects. The injured worker was not trying any other therapies for pain relief. Activity level was noted to have remained the same. He reported his medications were working well. Physical examination of the right elbow revealed no erythema, swelling, ecchymosis, incision or drainage. His range of motion was restricted and tenderness to palpation was noted. On the day of the exam, current medications included Omeprazole, Colace, Lyrica, Nucynta, Naprosyn and Ibuprofen. The treatment plan included consultations, EMG-NCV, elbow brace, Nucynta, Lyrica, Naprosyn and Omeprazole for prophylactic gastrointestinal protection. On September 10, 2015, utilization review denied a request for Ibuprofen 600mg #90 and Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg quantity 90 related to right elbow injury: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, drug formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Ibuprofen for several months in combination with Nucynta without significant improvement in pain scores. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant was placed on PPI (Omeprazole) for prophylaxis due to chronic NSAID use. Continued use of Motrin is not medically necessary.

Omeprazole 20mg quantity 60 for the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, drug formulary.

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

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. In addition, as noted above, the continued use of Ibuprofen is not medically necessary. Therefore, the continued use of Omeprazole is not medically necessary.