

Case Number:	CM15-0064420		
Date Assigned:	04/10/2015	Date of Injury:	07/01/2009
Decision Date:	05/13/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, 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:

This is a 48 year old female patient who sustained an industrial injury to the right elbow on 7/1/09. Current diagnoses included myofascial pain syndrome, cervical spine sprain/strain, right lateral epicondylitis status post right lateral epicondyle surgery. Per the PR-2 dated 2/18/15, she had improvement after receiving her transcutaneous electrical nerve stimulator unit. She had still complaints of some pain to the right elbow with some numbness and spasms. Physical examination revealed right lateral epicondyle tenderness to palpation with decreased range of motion to the right elbow, decreased strength to the right hand and muscle spasms to the right trapezius. She received trigger point injections during the office visit. The medications list includes Omeprazole, Flexeril, Neurontin, Voltaren XR and LidoPro. She has had right upper extremity-elbow MRI on 7/16/2014. She has undergone percutaneous tenotomy of the right elbow on 11/21/14. She has had physical therapy, chiropractic therapy, acupuncture and injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Request: OMEPRAZOLE 20MG #30. Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when- (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). There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Omeprazole 20 mg # 30 is not established for this patient.

ORTHO CONSULT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PAGE 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Request: ORTHO CONSULT MTUS guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the records provided patient had chronic elbow pain with significant objective findings- tenderness, spasm and decreased range of motion. She has a history of elbow surgery. She has had right elbow MRI with abnormal findings. She has also tried conservative therapy including physical therapy. The request for ortho consult is medically appropriate and necessary to evaluate her chronic right elbow symptoms at this juncture.

URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Request: URINE DRUG SCREEN. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the records provided the medications list includes Omeprazole, Flexeril, Neurontin, Voltaren XR and LidoPro ointment. Any evidence that the patient had a history of taking illegal drugs or potent high dose opioids is not specified in the records provided. History of aberrant drug behavior is not specified in the records provided. The medical necessity of urine drug screen is not established for this patient at this juncture.