

Case Number:	CM15-0076310		
Date Assigned:	04/27/2015	Date of Injury:	01/09/2004
Decision Date:	07/02/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/21/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 old woman sustained an industrial injury on 1/9/2004. The mechanism of injury is not detailed. Diagnoses include left shoulder impingement syndrome, bilateral cubital tunnel syndrome with release, epicondylitis, wrist joint inflammation, and cervical strain. Treatment has included oral medications and surgical intervention. Physician notes dated 4/7/2015 show complaints of pain to the base of the thumb and tenderness at both elbows. Recommendations include activity modification, Tylenol #4, Flexeril, Gabapentin, Lidoderm patches, Tramadol ER, right elbow MRI, home stretching exercises, application of heat and ice, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) right elbow without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) page(s): 1 - 53.

Decision rationale: The patient is a female with an injury on 01/09/2004. She had two left shoulder surgeries, cubital tunnel release and right carpal tunnel release. On 04/07/2015, she had bilateral elbow tenderness. There is no documentation of any recent/new red flag signs or new injury. The patient does not meet ACOEM guidelines for an imaging study. Therefore, the requested medical treatment is not medically necessary.

Tylenol No. 4, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management page(s): 78 - 79.

Decision rationale: The patient is a female with an injury on 01/09/2004. She had two left shoulder surgeries, cubital tunnel release and right carpal tunnel release. On 04/07/2015, she had bilateral elbow tenderness. Tylenol #4 has codeine, an opiate. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. The patient has not worked since 2006. Therefore, the requested medical treatment is not medically necessary.

Flexeril 10mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The patient is a female with an injury on 01/09/2004. She had two left shoulder surgeries, cubital tunnel release and right carpal tunnel release. On 04/07/2015, she had bilateral elbow tenderness. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long-term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.

Tramadol ER 150mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management page(s): 78 - 79.

Decision rationale: The patient is a female with an injury on 01/09/2004. She had two left shoulder surgeries, cubital tunnel release and right carpal tunnel release. On 04/07/2015 she had bilateral elbow tenderness. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. The patient has not worked since 2006. Therefore, the requested medical treatment is not medically necessary.

Lidoderm patches 5%, QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patch page(s): 56 - 57.

Decision rationale: The patient is a female with an injury on 01/09/2004. She had two left shoulder surgeries, cubital tunnel release and right carpal tunnel release. On 04/07/2015 she had bilateral elbow tenderness. There was no documentation of neuropathy. Also, Lidoderm patch is not first line therapy for neuropathy. Therefore, the requested medical treatment is not medically necessary.