

<b>Case Number:</b>	CM15-0092560		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51-year-old male, who sustained an industrial injury on March 20, 2013, incurring left elbow injuries. He was diagnosed with left elbow bicipital tendon tear and left elbow lateral epicondylitis. Treatment included physical therapy, acupuncture, medication management and work restrictions. Magnetic Resonance Imaging of the left elbow revealed a partial tear. Currently, the injured worker complained of persistent pain in the left elbow radiating into the forearm and hand with decreased range of motion. The treatment plan that was requested for authorization included acupuncture to the left elbow and prescriptions for Tramadol and Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76, 82, 84, 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

**Decision rationale:** Per the 04/04/15 progress report, the patient presents with ongoing left elbow pain. The current request is for Tramadol 50 mg #60 - an opioid analgesic. The RFA is not included; however, the 05/07/15 utilization review states the request date is 04/30/15. The patient is Temporarily Totally Disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show that the patient has been prescribed Tramadol since at least 12/05/14. The treating physician does not provide evidence that Tramadol helps the patient. No pain scales or a validated instrument are used to assess pain. No specific ADL's are mentioned to show a significant change with use of this medication. Side effects are discussed in the 04/04/15 report when the treating physician states that Tramadol has been "very harmful" to the patient. In light of this, it is unclear why the patient continues on this medication. Other opioid management issues are not documented. No UDS's are provided for review or documented, and there is no mention of CURES or discussion of adverse behavior. In this case, the 4A's have not been documented as required by the MTUS guidelines. The request IS NOT medically necessary.

**Protonix 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

**Decision rationale:** Per the 04/04/15 progress report, the patient presents with ongoing left elbow pain. The current request is for Protonix 20mg #30 Pantoprazole. The RFA is not included; however, the 05/07/15 utilization review states the request date is 04/30/15. The patient is Temporarily Totally Disabled. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Pantoprazole is a PPI similar to Omeprazole. The treating physician states on 04/04/15 that the patient has been taking Protonix which alleviates the patient's gastric pain. It is unclear from the reports provided how long the patient has used Protonix. While the reports show the patient was prescribed Anaprox "An NSAID" on 10/22/14 and 11/14/14, current reports do not show that the patient is prescribed an NSAID. While the treater notes Gastric pain, no GI assessment is provided as required by the MTUS guidelines above. In this case, there is not sufficient documentation to support the use of Protonix, and the request IS NOT medically necessary.

**Continue acupuncture 2x4 left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Pain, Suffering and the Restoration of Function Chapter (page 114).

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Per the 04/04/15 progress report, the patient presents with ongoing left elbow pain. The current request is for continue acupuncture 2x4 left elbow. The RFA is not included; however, the 05/07/15 utilization review states the request date is 04/30/15. The patient is Temporarily Totally Disabled.9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." The 01/07/15 report states the patient has started Acupuncture treatment 2x3. It appears that this request is for a second course of treatment. One Acupuncture Progress report for the left elbow dated 04/02/15 is included; however, this and other reports provided for review provide no evidence of functional improvement following acupuncture treatment. The MTUS guidelines require documented functional improvement for extended treatment. The request IS NOT medically necessary.