

Case Number:	CM14-0141802		
Date Assigned:	09/10/2014	Date of Injury:	01/08/2013
Decision Date:	10/17/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47 year old female with a reported date of injury on January 08, 2013. The mechanism of injury is described as repetitive use of hands on mouse and keyboard. The diagnosis is listed as status post right/left carpal tunnel release, September 14, 2013 and April 02, 2014. The injured worker has a history of fibromyalgia. The injured worker also states she is currently treating for Depression and Anxiety with a psychiatrist. A progress report dated September 02, 2014 notes the right elbow is tender at medial epicondyle and lateral epicondyle with no effusion in the elbow joint. There is no crepitation with range of motion. There were no diagnostic tests reviewed at this visit. The injured worker was recommended to return to work with restrictions to include limited use of hand, gripping and grasping, push/pull up to ten pounds, and to take 5 minute breaks for every hour worked from the keyboard and repetitive motion work. A progress report dated July 18, 2014 noted 20/20/20 pound grip strength in the right hand and 30/30/30 on the left. A request was made for MRI to the right elbow to rule out medial tear of epicondyle and for medications. The MRI and Cortisone resulted in denial. Naprosyn and Polar Frost (topical) were approved with modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right elbow r/o medial tear of epicondyle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-2. Decision based on Non-MTUS Citation ODG Elbow Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, MRI

Decision rationale: The patient has chronic symptoms of elbow pain, worse with activity and motion and tenderness over the medial and lateral epicondyles. MRI is an appropriate study to rule in or rule out ligament injury in determining whether to repair the ligament. As such, the request is appropriate, given that 6 sessions of PT, conservative care with naproxen and topical treatment have failed to improve pain adequately. Therefore it is medically necessary.

Cortisone Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/hydrocortisone-drug/indications-dosage.htm>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Corticosteroids

Decision rationale: Cortisone cream is used typically for very mild dermatitis such as that caused by contact or atopy. It is not indicated for the treatment of pain. Cortisone cream has many side effects on the skin including striae, atrophy, thinning of skin, bleeding in the skin (ecchymoses) and therefore should not be used unless required for inflammatory disorders such as dermatitis. The request is not medically recommended.

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, Harrison's Principles of Internal Medicine, 18th Ed. BS Anand. Endoscopy, 1994.

Decision rationale: The patient has reported gastritis and intolerance to medications. However, long term use of PPI for dyspepsia is discouraged. First, a potentially serious disorder can be missed if dyspepsia continues for longer than eight weeks, such as cancer or peptic ulcer or H pylori associated gastritis. Second, long term PPI may be associated with serious side effects like bacterial overgrowth, C diff, hypomagnesemia, community acquired pneumonia and worsening of bone density. Third, a trial of over the counter antacids or H2 receptor blockers may be sufficient to deal with a patient's symptoms. Fourth, one should ordinarily attempt to reduce dose and discontinue therapy before declaring that the patient has chronic symptoms that only respond

to long term PPI. As the patient has not been evaluated by an internal medicine specialist or gastroenterologist, there is the risk of missing an important and potentially treatable disorder such as H pylori gastritis. Therefore, the request is not medically necessary recommended.