

Case Number:	CM14-0146349		
Date Assigned:	09/12/2014	Date of Injury:	12/10/2012
Decision Date:	10/22/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/09/2014

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 56 year old female injured on 12/10/12 while performing customary job duties as a service clerk when injured worker began experiencing bilateral elbow pain with repetitive use. Diagnoses included epicondylitis of lateral elbow bilaterally; status post left lateral epicondyle decompression surgery on 11/12/13, insomnia, and carpal tunnel syndrome on left. Clinical note dated 06/20/14 indicated the injured worker presented complaining of bilateral elbow pain, left greater than right, interfering with activities of daily living and sleep. The injured worker rated pain at 7/10. The injured worker reported activities of daily living such as dressing, combing hair, and vacuuming caused significant discomfort. The injured worker reported increased depression due to pain and interference with sleep. Physical examination revealed tenderness to palpation, alert and oriented, skin clean/dry/intact. Treatment plan included recommendation for psychological consultation and cognitive behavioral therapy, tramadol/acetaminophen 37.5/325mg TID PRN, naproxen 550mg BID. Initial request was non-certified on 08/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Patch 2 pairs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TRANSCUTANEOUS ELECTROTHERAPY Page(s): 116.

Decision rationale: As note on page 116 of the Chronic Pain Medical Treatment Guidelines, TENS use is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Criteria for TENS use includes documentation of pain of at least three months duration; evidence that other appropriate pain modalities have been tried (including medication) and failed; a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; other ongoing pain treatment should also be documented during the trial period including medication usage. There is no documentation of functional benefits as a result of TENS use. As such, the request for TENS Patch 2 pairs cannot be recommended as medically necessary.

Tramadol/APAP 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chronic Pain Medical Treatment Guidelines: Opioids for chronic pai.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Tramadol/APAP 37.5/325mg #60 cannot be recommended as medically necessary at this time.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chronic Pain Medical Treatment Guidelines: NSAIDs (non-steroidal a.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs,
specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. Naproxen is a non-steroidal anti-inflammatory drug utilized in the treatment of the signs and symptoms associated with osteoarthritis ankylosing spondylitis. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for

acute lower back pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the injured worker cannot utilize the readily available over-the-counter formulation and similar dosage of this medication when required on an as needed basis. As such, the request for Naproxen 550mg #60 cannot be established as medically necessary.

Omeprazole 20mg #60: Overturned

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

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

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for injured workers at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Documentation indicates the injured worker has a history of prolonged NSAIDs and narcotics use indicating the potential for gastric irritation and need for protection. As such, the request for Omeprazole 20mg #60 is recommended as medically necessary.

Menthoderm 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound is noted to contain menthol and methyl salicylate. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Mentoderm 120gm cannot be recommended as medically necessary.