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| Case Number: | CM13-0004829 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 04/01/2013 |
| Decision Date: | 05/12/2014 | UR Denial Date: | 07/22/2013 |
| Priority: | Standard | Application Received: | 07/27/2013 |

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 Occupational 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 applicant is a represented [REDACTED] employee, who has filed a claim for hypertension, reflux, asthma, insomnia, psychological stress, carpal tunnel syndrome, and trigger finger reportedly associated with cumulative trauma at work first claimed on April 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; and extensive periods of time off of work. In a Utilization Review Report of July 22, 2013, the claims administrator denied a request for omeprazole, ondansetron, and cyclobenzaprine. The applicant's attorney subsequently appealed. In a progress note of July 15, 2013, the applicant presented with issues related to elevated blood pressure, asthma, psychological stress, and "gastric issues." The applicant has apparently been self-treating his dyspepsia with Tums, Roloids, Pepcid, and Pepto-Bismol, it is stated. In a July 11, 2013, progress note, the applicant was described as having issues with finger triggering, wrist pain, hand pain, gripping, grasping, and numbness and tingling about the hands. The applicant was given diagnosis of carpal tunnel syndrome and trigger fingers. Electrodiagnostic testing was sought. The applicant was placed off of work, on total temporary disability. The applicant's medication list was not clearly described on any progress note, although a handwritten note of August 19, 2013, somewhat illegible, did suggest that the applicant was using Bystolic for hypertension and omeprazole for high blood pressure.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DELAYED-RELEASE CAPSULES 20 MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and Cardiovascular Risk.

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

Decision rationale: The request for omeprazole is medically necessary, medically appropriate and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton-pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant has long-standing issues with gastroesophageal reflux disease, which seemingly predate the industrial injury. Usage of a proton-pump inhibitor, Prilosec, to combat the same is indicated and appropriate, by analogy. Therefore, the request is certified, on independent Medical Review.

ONDANSETRON ODT 8MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Indications and Usage for Zofran (<http://www.drugs.com/pro/zofran.html>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide.

Decision rationale: The request for ondansetron (Zofran) is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), ondansetron or Zofran is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no evidence that the applicant had cancer chemotherapy, radiation therapy, and/or recent surgery. There is no evidence, moreover, that the applicant in fact suffers some issues with nausea or vomiting. Ongoing usage of ondansetron is not indicated, for all the stated reasons. Therefore, the request is not certified, on Independent Medical Review.

CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: Finally, the request for cyclobenzaprine 7.5 mg #20 is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option,

using a short course of therapy. It is not recommended on the chronic, long-term, and/or scheduled use purpose for which it is being proposed here, as suggested by the 120-tablet prescription. In this case, furthermore, the attending provider has no furnished any narrative, commentary, rationale, or progress note, which discusses usage of cyclobenzaprine so as to try and offset the unfavorable MTUS recommendation. Therefore, the request is not certified, on Independent Medical Review.