

Case Number:	CM13-0007814		
Date Assigned:	03/07/2014	Date of Injury:	06/13/2012
Decision Date:	05/16/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/06/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 50 year old who was injured on 6/13/2012. The diagnoses are neck pain; right upper extremity pain, bilateral nerves entrapment at the wrists and muscle spasms over the spinal vertebrae. The patient had completed shockwave therapy without any benefit. Carpal tunnel release surgery was done in 1998. On 10/15/2012, [REDACTED] recommended that the patient return to full duty with no restriction. The patient is currently working. The medications listed are Tramadol ER and naproxen for pain, Cyclobenzaprine for muscle spasm, Omeprazole for prevention and treatment of NSAID induced gastritis and Zofran for the prevention of nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON TABLETS 4MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California MTUS did not address the use of antiemetics in the management of opioid induced nausea and vomiting. The Official Disability Guidelines (ODG)

does not recommend the use of ondansetron for long term treatment of opioid induced nausea and vomiting. The FDA approved ondansetron for the treatment of nausea and vomiting associated with chemotherapy, radiation therapy and in the postoperative period. Long term use of antiemetic is not recommended for the treatment of opioid side effects. Therefore, the request is not medically necessary.

CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The California MTUS addressed the use of antispasmodics and muscle relaxants in the treatment of muscle spasms associated with chronic pain. It is recommended that non-sedating muscle relaxants be used with caution as a second-line option for short term treatment of acute exacerbation of symptoms that are non-responsive to standard NSAIDs , physical therapy and exercise. Cyclobenzaprine is a sedative muscle relaxant. The duration of treatment should be limited to 2-3 weeks to minimize the risk of dependency, sedation and addiction associated with chronic use of sedating muscle relaxants. Therefore, the request is not medically necessary.

TRAMADOL HYDROCHLORIDE ER 150MG # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The California MTUS addressed the use of Tramadol in the treatment of chronic musculoskeletal pain. Tramadol is an extended release formulation analgesic that acts on opioid and non opioid receptors. It is associated with less addictive and sedative properties than pure opioid agonists. Tramadol can be utilized for short term treatment of severe pain during acute injury or periods of exacerbations of chronic pain that did not respond to standard treatment with NSAIDs, physical therapy and exercise. This patient has been on Tramadol longer than the recommended duration of treatment. Therefore, the request is not medically necessary

MEDROX PATCHES #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS addressed the use of topical analgesics for the treatment of neuropathic pain. Topical analgesic preparation could be utilized to treat neuropathic pain when trials of anticonvulsant and antidepressant medications have failed. There is no documentation that the patient had failed first line medications. Medrox patch preparation contains menthol 5%, capsaicin 0.375% and methyl salicylate 20%. The guideline does not recommend using any topical preparation that contains any component that has no FDA approved indication. Medrox patch contains menthol, a substance with no established medical indication. Therefore, the request is not medically necessary