

Case Number:	CM13-0023857		
Date Assigned:	11/15/2013	Date of Injury:	03/19/2013
Decision Date:	02/11/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pediatrics and Addiction, has a subspecialty in Medical Toxicology and is licensed to practice in New York. 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 physician 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:

54 yr old patient with injury date of 3/19/2013. Since date of injury, the patient has been complaining of pain in the right hand, the diagnosis entertained was right index finger osteoarthritis and repetitive motion injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70-81.

Decision rationale: The request is not medically necessary. Patient complains of right index thumb and index finger pain intermittently. Also she is working as per the last record reviewed. NSAIDs chronic use is associated with Cardiovascular and GI side effects. Also as per the evidence it does not have superior benefits than acetaminophen.

Omeprazole DR 20 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70-80.

Decision rationale: Omeprazole was prescribed with intent to treat the GI side effects of Naproxen. Since Naproxen is non certified, no need for Omeprazole and therefore, non certified.

Ondansetron ODT 8 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Ayad RF, Assar MD, Simpson L, Garner JB, Schussler JM. Causes and management of drug-induced long QT syndrome. Proc (Baylor University Med Center). 2010 Jul;23 (3): 250-5.

Decision rationale: The request is not medically necessary. Guidelines indicate that Ondansetron can be used as an antiemetic for chemotherapy induced nausea and vomiting. After reviewing the available medical records, it seems that patient does not have persistent vomiting. Also FDA warning and other evidence from literature suggests that Ondansetron can cause fatal ventricular dysrhythmias.

Cyclobenzaprine HCL 7.5 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-43.

Decision rationale: The California MTUS Guidelines used and the request is not medically necessary. Cyclobenzaprine effective only in short courses of treatment and the patient has intermittent chronic pain. Due to nature of symptoms, being chronic and intermittent, Cyclobenzaprine not an effective intervention.

Medrox patch #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation DerryS, Moore RA. Topical Capsaicin for

Chronic Neuropathic Pain in Adults. Cochrane Database Syst Rev. 2012 Sept 12:9:CD010111.doi:10.1002/14651858.CD010111.

Decision rationale: Medrox is topical combination of menthol, capsaicin and methylsalicylate. Topical analgesics alone or in combination is classified as experimental therapy. There is little evidence in the literature that supports the sustained positive effects of these topical treatments there were insufficient data to draw any conclusions about the efficacy of low-concentration capsaicin cream in the treatment of neuropathic pain. The information from literature suggests that low-concentration topical capsaicin is without meaningful effect beyond that found in placebo creams; given the potential for bias from small study size, this makes it unlikely that low-concentration topical capsaicin has any meaningful use in clinical practice. Local skin irritation, which was often mild and transient but may lead to withdrawal, was common. Systemic adverse effects were rare. The request is denied.

Tramadol HCL ER 150 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-98.

Decision rationale: The California MTUS Guidelines recommend that opioids for neuropathic pain is not recommended as first line therapy. Some modifications in the indication has been documented in the MTUS guideline such as treatment of cancer pain etc. But patients present documented clinical situation does not indicate such medical condition. Also patient is still working and pain is chronic and intermittent. In several studies (Beyo 2009) has shown that chronic opioid use is not associated with improved ADLs , on the contrary has contributes to the increased disability rates. The request is denied.