

Case Number:	CM13-0028074		
Date Assigned:	11/22/2013	Date of Injury:	11/17/2009
Decision Date:	03/25/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 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:

The patient is a 28-year-old female with date of injury 11/17/2009. According to records, the patient was performing a two-person lift with a convalescent patient when her coworker did not lift at the same time leaving her to lift the patient on her own. At that time, she complained of low back pain, right wrist and upper arm pain. Since the time of the injury the patient has been treated by numerous doctors, had multiple courses of physical therapy, acupuncture, and four lumbar epidural steroid injections. The patient is currently under the treatment of an orthopedist whose most recent available evaluation of the patient was on 06/26/2013. On that date the patient complained of persistent pain in the low back radiating to bilateral lower extremities with numbness and tingling. She stated that the symptomatology in her right shoulder and right elbow and wrist are essentially unchanged. Examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments. There was pain with terminal motion. Seated nerve root test was positive. There was dysesthesia at the L5 and S1 dermatomes. Examination of the right shoulder was essentially unchanged with some pain and tenderness around the anterior glenohumeral region and subacromial space with a positive Hawkins impingement sign. There was reproducible symptomatology with internal rotation and forward flexion. Radicular pain component in the right upper extremity was noted with a positive axial loading compression test. Examination of the right elbow and wrist reveal tenderness with a positive palmar compression test subsequent to Phalen's maneuver. There was reproducible symptomatology in the median nerve distribution. A positive Tinel's in the right cubital fossa is also noted with extension of symptomatology in the ulnar two digits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg #60 dispensed on 6/26/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR).

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

Decision rationale: There is no documentation that the patient is suffering nausea or vomiting due to any of the current indications for ondansetron. Current approved indications include nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. Ondansetron not recommended for nausea and vomiting secondary to chronic opioid use. Therefore, the request for ondansetron 8mg #60 is not medically necessary.

Tramadol ER 150mg #90 dispensed on 6/26/13: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of opioids. Therefore, the tramadol is not medically necessary.

Medrox pain relief ointment dispensed on 6/26/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 28.

Decision rationale: Medrox ointment contains a topical analgesic with the active ingredients, capsaicin 0.0375%, and menthol USP 5% used for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness and stiffness. Capsaicin topical is recommended only as an option in patients who have not responded or are

intolerant to other treatments. There is no documentation that the patient has been intolerant or has not responded to other forms of therapy were treatment.

A urine specimen performed on 6/26/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that previous urine drug screen had been used for any of the above indications. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination.

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68.

Decision rationale: Physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease can be started on a non-selective NSAID with either a Proton Pump Inhibitor or a Cox-2 selective agent. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole.