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| Case Number: | CM13-0032203 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 09/20/2010 |
| Decision Date: | 03/17/2014 | UR Denial Date: | 09/24/2013 |
| Priority: | Standard | Application Received: | 10/07/2013 |

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 Family Practice 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 59-year-old female who reported an injury on 09/20/2010. The patient is diagnosed with cervical discopathy with radiculitis, status post left shoulder arthroscopy, right shoulder impingement syndrome with partial rotator cuff tear, right cubital tunnel syndrome, and medial epicondylitis, status post bilateral carpal tunnel release, and electrodiagnostic evidence of moderate bilateral carpal tunnel syndrome. The patient was recently seen by [REDACTED] on 09/12/2013. Physical examination revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm, positive axial loading compression and Spurling's maneuver, restricted range of motion, pain and tenderness in and around the anterior glenohumeral region and subacromial space with positive Hawkins and impingement sign of the right shoulder, positive Tinel's testing in the right elbow with tenderness at the medial epicondyle, dysesthesia at the ulnar 2 digits, weak grip strength, and well-healed carpal tunnel release scar in bilateral wrists. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT Tablets 8mg, #60 DOS 8/23/13: Upheld

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

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, Antiemetics.

Decision rationale: Official Disability Guidelines state Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and is also FDA approved for postoperative use. The patient does not appear to meet criteria for the use of Zofran. Therefore, the request is non-certified.

Cyclobenzaprine Hydrochloride 7.5mg, #120 DOS 8/23/13: 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): s 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to demonstrate upper trapezial and cervical paravertebral muscle spasm. Satisfactory response to treatment has not been indicated. As guidelines do not recommend long term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Sumatriptan Succinate Tablets 25mg, #9 x2 DOS 8/23/13: Upheld

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

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

Decision rationale: Official Disability Guidelines state triptans are recommended for migraine sufferers. Differences among them are in general relatively small, but clinically relevant for individual patients. As per the clinical notes submitted, there is no documentation of chronic headache or migraine episodes. Therefore, the medical necessity has not been established. As such, the request is non-certified.