

Case Number:	CM13-0038776		
Date Assigned:	12/18/2013	Date of Injury:	12/01/2010
Decision Date:	05/21/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/02/2013

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 38-year-old female who reported an injury on December 01, 2010. The medication history included Norco, Prilosec, tramadol, naproxen, and Zofran as of February 2013. The mechanism of injury was repetitively squatting and lifting boxes of 500 quarters. The injured worker was treated with bilateral elbow and wrist surgeries. Additionally, the injured worker was treated with physical therapy and medications. The documentation from September 06, 2013 revealed that the injured worker had difficulty in the medial elbow. The objective findings included tenderness in the medial epicondyle that was exquisite. There was tenderness along the ulnar nerve and subluxation of the ulnar nerve. It was indicated that nerve had been released, but not transposed. The treatment plan included an injection of Depo-Medrol, lidocaine, and Marcaine and a medial epicondylar release and exploration of the ulnar nerve with a transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT ZOFRAN 8MG #20: 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); Pain.

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, Ondansetron.

Decision rationale: The Official Disability Guidelines do not recommend antiemetics, ondansetron, for the treatment of opioid-induced nausea and vomiting. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than six (6) months. There was lack of documentation of objective functional benefit received from the medication. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of a documented rationale for the requested medication. Given the above, the request for urgent Zofran 8mg, #20, is not medically necessary.

URGENT NEURONTIN 600MG #180: 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) Gabapentin

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend antiepileptic medications as a first-line treatment for neuropathic pain. There was lack of documentation indicating the injured worker had complaints of neuropathic pain. The duration of use could not be established. The submitted request failed to indicate the frequency for the requested medication. Given the above, the request for urgent Neurontin 600mg, #180, is not medically necessary.

URGENT RUJUVENESS (1 SILICONE SHEETING TO REDUCE SCARRING): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Center for Biotechnology Information: International clinical recommendations on scar management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ReJuveness.com.

Decision rationale: ReJuveness.com indicates that silicone sheets are to restore scar tissue to the skin's normal texture and color permanently and eliminate itching and pain that accompanies problem scarring. There was no DWC RFA form or PR-2 submitted, requesting the ReJuveness with a documented rationale for the use of the product. Given the above, the request for ReJuveness (one (1) silicone sheeting to reduce scarring) is not medically necessary.