

<b>Case Number:</b>	CM13-0040606		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Cardiology and is licensed to practice in Texas. 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 34-year-old female who reported an injury to her left wrist on 11/21/2012. The mechanism of injury was not provided for review. The patient was diagnosed with a wrist sprain/strain and a left wrist dorsal ganglion cyst. The patient underwent surgical intervention in 09/2013 to include left wrist ganglion cyst incision. The patient's postsurgical treatment plan included continuous flow cryotherapy, postoperative medications, and a postoperative sling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 mg at night:** Upheld

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

**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, Insomnia Treatment

**Decision rationale:** The Appeal for Ambien 10 mg at night is not medically necessary or appropriate. The clinical documentation submitted for review does support that the patient has undergone surgical intervention. However, Official Disability Guidelines recommend the short term use of Ambien for insomnia complaints related to chronic pain. The clinical documentation

submitted for review does not provide any evidence that the patient has had chronic insomnia that has failed to respond to nonpharmacological measures. It is noted within the documentation that this is being used to assist with sleep patterns postsurgically. However, this type of treatment is not supported by guideline recommendations. As such, the requested Appeal for Ambien 10 mg at night is not medically necessary or appropriate.

**Ondansetron 8mg prn every 8 hours for nausea: 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) Pain Chapter, Anti-Emetics

**Decision rationale:** The Appeal for Ondansetron 8mg prn every 8 hours for nausea is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has undergone a surgical procedure. However, there is no documentation that the patient suffers from nausea and vomiting as a result of that surgical procedure. Official Disability Guidelines do recommend the use of ondansetron for postsurgical care. However, as there were no symptoms documented to support the need for medical intervention, this medication would not be indicated. As such, the requested Appeal for Ondansetron 8mg prn every 8 hours for nausea is not medically necessary or appropriate.

**Norco 5-500mg #60 4-6 hours prn: Overturned**

**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 Opioid Page(s): 75.

**Decision rationale:** The requested Appeal for Norco 5-500mg #60 4-6 hours prn is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has undergone surgical intervention. Official Disability Guidelines do recommend short acting opioids for intermittent or breakthrough pain. Therefore, this type of medication would be appropriate for intermittent or breakthrough pain that would be appropriate postsurgically. As there is no indication that the patient has been on this medication for an extended duration and has only been prescribed this medication postsurgically and in a limited quantity, the use of this medication would be considered medically necessary and appropriate.