

<b>Case Number:</b>	CM13-0044609		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Orthopedic Surgery 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 36-year-old female who sustained an injury to the cervical spine and bilateral upper extremities on 07/18/12. The current clinical records for review included a progress report of 09/17/13 by [REDACTED] where he recommended continued use of medications in the form of Alprazolam, Medrox patches, Tramadol, Somatropin, Ondansetron, and Omeprazole. The claimant's working diagnosis was cervical radiculitis and bilateral carpal tunnel syndrome. Objective findings from 08/26/13 documented the cervical spine to be unchanged with a positive Spurling's maneuver, dysesthesias to the left C5 and C6 dermatomes. Shoulder examination on the left demonstrated positive impingement and pain with terminal motion and bilateral positive Tinel's and Phalen's testing. Recommendations were for the medications as outlined. There was no indication of prior surgical history in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole delayed-release capsules 20 mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation ODG, and Mosby's Drug Consult

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, the continued role of Omeprazole would not be indicated. The claimant in this case does not meet any risk factor per California MTUS Chronic Pain Guidelines that would support the role of a protective GI agent in the form of Omeprazole. The lack of documentation of a risk factor per guideline criteria would fail to necessitate the continued role of this agent.

**Ondansetron ODT tablets, 8 mg #30 times 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation ODG, and Mosby's Drug Consult.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: pain procedure Antiemetics (for opioid nausea).

**Decision rationale:** California MTUS Guidelines are silent. When looking at Official Disability Guidelines, the role of Antiemetic's in this case would not be indicated. Antiemetics for opioid induced nausea are not recommended per ODG Guideline criteria. Antiemetic's are only indicated in the postsurgical setting or post chemotherapeutic setting, which would not apply to this claimant's course of care.

**Alprazolam ER tablet 1 mg (CIV) #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Mosby's Drug Consult

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepine would not be indicated in this case. Chronic Pain Guideline criteria do not recommend the long term use of Benzodiazepine due to diminished efficacy and dependence. The guideline recommends limiting the use to four weeks. The claimant has been utilizing the agent for greater than a four week period of time. Its continued role in this case would not be supported.

**Medrox Patch, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Mosby's Drug Consult.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111-113.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, Medrox patches would also not be indicated. The clinical records would not support the role of Medrox patches, a topical compounded agent, as topical medications have been largely experimental in use with few randomized clinical controlled trials to determine efficacy or safety. Medrox amongst other active ingredients contains Capsaicin, which is only indicated in situations where first line therapeutic agents are intolerant or not responsive. Chronic Pain Guideline criteria did not indicate the role of previous first line agents in the claimant's course of treatment. The role of this topical compounded agent would not be indicated.