MAXIMUS Federal Services

Case Number:	CM14-0003945		
Date Assigned:	01/31/2014	Date of Injury:	10/01/2005
Decision Date:	08/04/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/09/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 39-year-old female who was reportedly injured on October 1, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated October 30, 2013 indicates that there are ongoing complaints of bilateral hand pain. This note stated that a surgery for the hands has been approved. The physical examination demonstrated well-healed carpal tunnel and cubital tunnel release scars. There was a positive Tinel's sign at the elbow as well as a positive Tinel's and Phalen's sign at both wrists. Weak grip strength was noted as well as dysesthesia of the right greater than left fingers. A request had been made for naproxen, cyclobenzaprine, ondansetron, omeprazole, quazepam, tramadol, and levofloxacin and was not certified in the pre-authorization process on December 21, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, #100: 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 Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66, 73.

Decision rationale: Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) recommended as an option for the relief of the signs and symptoms of osteoarthritis. The medical records contain a note dated December 7, 2013, which states that the injured employee has had previous efficacy with the use of this medication. This request for naproxen is medically necessary.

Cyclobenzaprine 7.5mg, #120: 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 Muscle relaxants (for pain), Cyclobenzaprine Page(s): 41, 64.

Decision rationale: Cyclobenzaprine is a muscle relaxant indicated as a second line option for the short-term treatment of acute episodes of chronic low back pain. The injured employee has not been diagnosed with low back pain and a note dated December 7, 2013 stated that there were palpable muscle spasms although it is not stated where and no complete physical examination is documented. For these reasons this request for cyclobenzaprine is not medically necessary.

Ondanestron ODT 8mg, #60: 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 (Chronic); Antiemetic.

Decision rationale: Ondansetron (Zofran) is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy, radiation treatment, post-operatively, and acute gastroenteritis. The ODG guidelines do not recommend this medication for nausea and vomiting secondary to chronic opiate use. The progress note dated December 7, 2013, does not state specifically why this medication is being prescribed. As such, this request is not considered medically necessary.

Omeprazole DR 20mg, #120: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. The medical record does not state that the

injured employee has any gastrointestinal symptoms secondary to the use of NSAIDs. The note dated December 7, 2013, prescribed this is a prophylactic measure only. Therefore, this request for omeprazole is not medically necessary.

Quazepam 15mg, #30: 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 Benzodiazepines Page(s): 24.

Decision rationale: Doral (Quazepam) is a benzodiazepine sleep hypnotic. Sleep disturbance is noted in the records submitted for review. The attached medical record does not state that the injured employee has any difficulty with insomnia or other sleep issues secondary to the compensable injury. This request for quazepam is not medically necessary.

Tramadol ER 150mg, #90: 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 Opioids Page(s): 75-78.

Decision rationale: Tramadol is an opioid recommended for moderate to severe pain. The note dated December 7, 2013, states that the injured employee has used opioid medications in the past with decreased pain and improve function. Therefore, this request for tramadol is medically necessary.

Levofloxacin 750mg, #30: 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) Infectious diseases, Levofloxacin.

Decision rationale: Levofloxacin is an antibiotic medication stated to be prescribed for potential postoperative infection. Antibiotics are sometimes prescribed for individuals who are undergoing or who have had previous arthroplasty procedures although none is stated in the injured employee's medical record. Without specific justification, this request for levofloxacin is not medically necessary.