

Case Number:	CM14-0007422		
Date Assigned:	02/07/2014	Date of Injury:	01/01/1997
Decision Date:	07/03/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/16/2014

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 Occupational Medicine, 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 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 patient is a 43-year-old male who has submitted a claim for status post bilateral carpal tunnel releases, status post right cubital tunnel release with right lateral epicondylar release, left cubital tunnel syndrome, and partial tear of the right wrist triangular fibrocartilage disc associated with an industrial injury date of January 1, 1997. The patient is being treated for chronic bilateral upper extremity complaints. Physical examination showed right elbow stiffness and tenderness over the left elbow medial and lateral epicondyles with a positive Tinel's sign. The diagnoses include status post bilateral carpal tunnel releases, status post right cubital tunnel release with right lateral epicondylar release, left cubital tunnel syndrome, and partial tear of the right wrist triangular fibrocartilage disc. Treatment plan includes requests for Ondansetron, Cyclobenzaprine and Terocin patches. Treatment to date has included oral and topical analgesics, bilateral carpal tunnel release, cubital tunnel with right lateral epicondylar release, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 ONDANSETRON ODT 8MG: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm?utm_source=fdaSearch&utm_medium=website&utm_term=zofran&utm_content=1 (accessed 5/2/2012).

Decision rationale: The California MTUS/ACOEM guidelines do not specifically address this topic, so alternative guidelines were used. The FDA states that Ondansetron is indicated for the prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. In this case, the patient has been taking Ondansetron as far back as November 2011. Based on a progress report on July 26, 2012, Omeprazole was unable to relieve the adverse effects of pain medications on the GI system. However, the most recent progress reports did not document any subjective complaints of GI symptoms or any recent surgery. There was no compelling evidence that may warrant the use of this medication. As such, the request is not medically necessary.

120 CYCLOBENZAPRINE HYDROCHLORIDE 7.5 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: Page 64 of the California MTUS Chronic Pain Medical Treatment Guidelines recommends the use of Cyclobenzaprine as a second-line option for the short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been taking Cyclobenzaprine as far back as October 2012 for muscle spasms and sleep disturbances. The guidelines do not support long-term use of muscle relaxants. Moreover, there was no objective finding of muscle spasm on the most recent physical examination or discussion regarding the patient's sleep hygiene. There was no compelling rationale to warrant further use of this medication. As such, the request is not medically necessary.

10 TEROGIN PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical salicylates.

Decision rationale: Terocin patches contain 4% lidocaine and 4% menthol. Pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for

neuropathic pain. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Regarding menthol, the MTUS does not cite specific provisions. The Official Disability Guidelines state that the FDA has issued an alert in 2012 indicating that topical over-the-counter pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, there was no objective evidence of failure of conservative treatment such as oral medications that may warrant the use of topical preparation. Also, it contains a drug class that is not recommended. There is no compelling rationale concerning the need for variance from the guideline. As such, the request is not medically necessary.