

Case Number:	CM14-0102900		
Date Assigned:	07/30/2014	Date of Injury:	11/05/2011
Decision Date:	10/10/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/01/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 57-year-old woman with a date of injury of 11/05/2014. An AME report by [REDACTED] dated 03/03/2014 identified the mechanism of injury as cumulative trauma from 11/05/2011 through 11/05/2012 as a data entry clerk causing right wrist and left hand pain. This AME report, an office visit note by [REDACTED] dated 04/17/2014, and a consultation report by [REDACTED] dated 05/07/2014 indicated the worker was experiencing neck pain that went into both arms; arm tingling and numbness; numbness in both hands; and pain in the shoulders, elbows, and wrists. Documented examinations consistently showed a positive Tinel's sign at both wrists and findings consistent with some shoulder impingement. [REDACTED] note dated 04/17/2014 and [REDACTED] report dated 05/07/2014 also described decreased motion in the neck joints. The submitted and reviewed documentation concluded the worker was suffering from neck pain, carpal tunnel syndrome involving both wrists, and mild right shoulder impingement. Treatment recommendations included a home exercise program and continued oral and topical pain medications. A Request for Authorization report dated 05/27/2014 indicated the worker's medications included a muscle relaxant for both pain control and as a sleep aid, a medicine for nausea related to headaches from the neck pain, a proton pump inhibitor for unreported symptoms, an opioid, and a topical patch containing multiple drugs. A Utilization Review decision by [REDACTED] was rendered on 06/16/2014 recommending non-certification for Ondansetron 8mg #30, omeprazole 20mg #120, and Orphenadrine citrate #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

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: Ondansetron: Drug information. Topic 9719, version 120.0. UpToDate, accessed 10/06/2014.

Decision rationale: Ondansetron is an anti-nausea and vomiting medication in the selective serotonin receptor antagonist class. The MTUS Guidelines are silent on this issue in this clinical situation. The FDA has approved this medication for the use of preventing nausea and vomiting caused by certain chemotherapy treatments, radiation treatments, and that can occur after surgery. There is also research to support its use for significant nausea and vomiting during pregnancy and for treatment of breakthrough nausea and/or vomiting caused by chemotherapy or radiation treatment. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into both arms; arm tingling and numbness; numbness in both hands; and pain in the shoulders, elbows, and wrists. There was no mention of nausea or vomiting, and treatment with chemotherapy, radiation therapy, or surgery was not discussed. In the absence of such evidence, the current request for Ondansetron 8mg, #30 is not medically necessary.

Orphenadrine Citrate Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Orphenadrine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into both arms; arm tingling and numbness; numbness in both hands; and pain in the shoulders, elbows, and wrists. No recent pain flare-up was described. These records reported the worker had been using a muscle relaxant medication for at least several months. There was no discussion describing improved function or pain control, the presence of side effects, or an individualized risk assessment. In the absence of such evidence, the current request for Orphenadrine citrate, #120 is not medically necessary.

Omeprazole 20mg Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Omeprazole: Drug Information. Topic 9718, version 132.0. UpToDate, accessed 10/07/2014.

Decision rationale: Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into both arms; arm tingling and numbness; numbness in both hands; and pain in the shoulders, elbows, and wrists. There was no discussion of gastrointestinal symptoms, the use of a NSAID in the worker's pain regimen, or any of the other conditions mentioned above. In the absence of such evidence, the current request for omeprazole 20mg, #120 is not medically necessary.