

Case Number:	CM14-0112910		
Date Assigned:	08/01/2014	Date of Injury:	02/28/2012
Decision Date:	09/10/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/18/2014

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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic hand pain, trigger finger, chronic elbow pain, chronic low back pain, and chronic neck pain reportedly associated with an industrial injury of February 28, 2012. Thus far, the injured worker has been treated with the following: Analgesic medications; a left index finger trigger finger release surgery; corticosteroid injection of the fingers; opioid therapy; topical agents; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 17, 2014, the claims administrator approved a request for Naproxen and Omeprazole while denying Ondansetron, Norflex, Tramadol, and Terocin. The injured worker's attorney subsequently appealed. In a May 29, 2014 note, the injured worker reported persistent complaints of neck and low back pain with associated tenderness about the elbows, mid back, and low back. The injured worker was not working with permanent limitations in place. In a January 30, 2014 progress note, the attending provider suggested the injured worker employ elbow sleeves and obtain further therapy. On December 19, 2013, it was stated that the injured worker had retired at age 56. Multifocal neck, shoulder, elbow, wrist, hand, and low back pain complaints were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, pain procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.fda.gov>.

Decision rationale: Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using the drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore provide some medical evidence to support such usage. The Food and Drug Administration (FDA); however, states that Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no evidence that the injured worker has actual complaints of nausea and vomiting. There is no evidence, that the injured worker has had any radiation therapy, recent surgery, and/or chemotherapy generating symptoms of nausea and/or vomiting. Therefore, the request is not medically necessary.

Orphenadrine citrate #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasticity/Antispasmodic Drugs. Decision based on Non-MTUS Citation ODG, Pain Procedure Summary , Low Back Chapter, Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state muscle relaxants are recommended as a short course of therapy, to treat acute flare ups of chronic low back pain. The 120-tablet supply of Norflex (Orphenadrine) being prescribed here, suggests chronic, long-term, and/or daily usage of the same. This is not an approved indication for muscle relaxants, per the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider did not specifically allude to any of the medications in question, including Norflex, in any of his progress notes. No rationale for selection and/or ongoing usage of Orphenadrine was included. Therefore, the request is not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case the

injured worker is off of work. The injured worker has retired, although this may be a function of age as opposed to a function of the industrial injury. The attending provider has not, however, outlined any tangible decrements in pain or improvements in function achieved as a result of ongoing Tramadol use in any of the provided progress notes. Therefore, the request is not medically necessary.

Terocin patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: As noted in the ACOEM Guidelines, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals to justify usage of this topical compound. Therefore, the request is not medically necessary.