

Case Number:	CM14-0113240		
Date Assigned:	08/08/2014	Date of Injury:	05/16/2012
Decision Date:	09/23/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/21/2014

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 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 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 claimant is a 54-year-old gentleman who was injured in a work related accident on May 16, 2012. The clinical records provided for review include the July 17, 2014 progress report noting intermittent pain complaints of the left upper extremity for a working diagnoses of cubital tunnel, carpal tunnel and cervical disc displacement. Physical examination showed tenderness of the wrist with positive Phalen's and Tinel's testing. Examination of the elbow revealed a positive Tinel's sign over the cubital tunnel with full range of motion. Examination of the cervical spine showed paravertebral muscle tenderness and spasm, positive axial loading and a sensory deficit in a C6 and C7 dermatomal fashion. Recommendations at that time were for continuation of medications to include Omeprazole, ondansetron, tramadol, Teracin patches and orphenadrine as well as sumatriptan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #60: 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 Official Disability Guidelines (ODG), Antiemetics.

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria pertinent to this request. Based on the Official Disability Guidelines, the request for use of an antiemetic, in this case ondansetron, would not be indicated. The ODG Guidelines do not recommend these agents for use in the chronic setting or for concordant use with opioids. They are typically reserved for acute clinical settings including the postsurgical setting. Based on the claimant's clinical presentation in the medical records for review, the request for ondansetron is not recommended as medically necessary.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the continued use of omeprazole. The Chronic Pain Guidelines only support the use of a proton pump inhibitor if there is evidence of a GI risk factor. The documentation for review does not identify that the claimant has any risk factors that would support the role of this protective agent.

Tramadol HCL 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94, 75, 80-84.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the long term use of tramadol. According to the Chronic Pain Guidelines, tramadol is not indicated for use in the chronic setting because its efficacy after sixteen weeks remains unclear. The medical records document that the claimant has been using the drug for greater than a sixteen week period of time. In light of the claimant's chronic complaints, the continued use of tramadol for this individual would not be supported.

Terocin Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 76-78.

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the use of Terocin patches. The Chronic Pain Guidelines state that if any one agent in a topical compound is not supported, the agent as a whole is not supported. Terocin is a combination of menthol, Capsaicin and lidocaine. There would currently be no acute indication for topical Capsaicin or topical lidocaine in this individual who does not have any documentation of first line treatment for neuropathic pain including tricyclic antidepressants or agents such as gabapentin or Lyrica. Without support of all agents in the topical compound, Terocin patches whole would not be indicated.

Orphenadrine 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 65.

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the use of orphenadrine. Orphenadrine is a brand name muscle relaxant. The Chronic Pain Guidelines state that muscle relaxants are only recommended with caution as second line agents in the acute exacerbation of chronic pain. There is no documentation that the claimant is experiencing an acute flare of her symptoms or need for this medication as a second line agent. Therefore, in light of the fact the Chronic Pain Guidelines do not support the use of muscle relaxants in the chronic pain setting, the request in this case would not be indicated.

Sumatriptan Succinate 25mg #18: 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 Official Disability Guidelines (ODG), Triptans.

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the use of sumatriptan would not be indicated. The Official disability Guidelines state that sumatriptan is used for migraine headaches. The claimant has complaints of neck pain, cubital and carpal tunnel syndrome with no formal diagnosis of migraine headache. The use of this oral agent for migraine headache treatment would thus not be supported as medically necessary.