

Case Number:	CM14-0182683		
Date Assigned:	11/07/2014	Date of Injury:	04/11/2013
Decision Date:	12/11/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 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 an injured worker with the diagnoses of overuse syndrome of the bilateral upper extremities, medial and lateral epicondylitis bilateral elbows, cubital tunnel syndrome, bilateral elbows, carpal tunnel syndrome bilateral wrist, and De Quervain's tendinitis bilateral wrist. Date of injury was 4/11/2013. Mechanism of injury was cumulative and overuse. Electromyography (EMG) and nerve conduction study (NCS) performed 5/8/13 was reported as normal. Lunesta, Omeprazole / Flurbiprofen, and Tramadol / Acetaminophen / Ondansetron were prescribed 8/4/14 and 7/1/14. Primary treating physician's progress report dated 8/4/14 documented subjective complaints of hand, wrist, forearm, and elbow pain. The patient is taking over the counter Ibuprofen as needed, which helps take the edge of her pain. The patient has had no new injuries. Since the last visit, the patient has not seen any other doctor regarding this injury and has not had any testing performed. The patient is not attending therapy. The patient is not working. Pain is at an 8 while not taking her usual medication which is prescribed. The patient applies ice packs daily for both hands which makes her pain a little less. The patient massages both hands for slight relief. Both wrist are still painful, with left more constant than right. Her pain travels from her left wrist upward towards her forearm and elbow. There is a burning tingling sensation of both hands. She is having weakness of both hands. There is numbness and tingling of both her hands if she holds a book or any other object for 5-10 minutes at a time. Both elbows have throbbing pain which comes and goes. Objective findings were positive Tinel's testing bilateral elbows. Diagnoses included overuse syndrome bilateral upper extremities, medial and lateral epicondylitis bilateral elbows, cubital tunnel syndrome, bilateral elbows, carpal tunnel syndrome bilateral wrist, and De Quervain's tendinitis bilateral wrist. Treatment plan included Lunesta, Omeprazole / Flurbiprofen, Tramadol / Acetaminophen / Ondansetron, and wrist braces with thumb supports for bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg (#90) x 3 Refills: 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), Mental Illness & Stress, Eszopicolone (Lunesta)

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Lunesta (Eszopiclone). Official Disability Guidelines (ODG) state that Lunesta (Eszopiclone) is not recommended for long-term use, but recommended for short-term use. ODG guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. Sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are rarely, if ever, recommended by pain specialists for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired. Medical records document the long-term use of Lunesta, which is not supported by ODG guidelines. Progress reports dated 8/4/14 and 7/1/14 documented prescriptions for Lunesta. ODG guidelines do not support the long-term use of Lunesta. Therefore, the request for Lunesta 1mg (#90) x 3 Refills is not medically necessary.

Omeprazole/Flurbiprofen 10mg/100mg (Unspecified) x 3 Refills: 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 (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended

that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records do not present laboratory test results, which are recommended for NSAID use per MTUS. Medical records do not present blood pressure measurements, which are recommended for NSAID use per MTUS. Medical records indicate long-term NSAID use, which is not recommended by MTUS. The request for Omeprazole / Flurbiprofen (NSAID) is not supported by MTUS guidelines. Therefore, the request for Omeprazole/Flurbiprofen 10mg/100mg (Unspecified) x 3 Refills is not medically necessary.

Tramadol/Acetaminophen/Ondansetron 50/250/2mg (#90) x 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 47-48, 271-273, 40-46, Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Ondansetron (Zofran®)

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. MTUS Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for upper extremity conditions. MTUS does not address Zofran (Ondansetron). Official Disability Guidelines (ODG) states that Ondansetron (Zofran) is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and for postoperative use. Medical records document the long-term use of opioids. ACOEM guidelines do not support the long-term use of opioids. Medical records do not document symptoms of nausea or vomiting associated with chemotherapy or radiation treatment or postoperative use. No cancer chemotherapy or radiotherapy was documented. Zofran was not being prescribed for postoperative use. The medical records do not support the use of Zofran (Ondansetron). The request for Tramadol / Acetaminophen / Ondansetron is not supported by MTUS, ACOEM, and ODG guidelines. Therefore, the request for Tramadol/Acetaminophen/Ondansetron 50/250/2mg (#90) x 3 Refills is not medically necessary.