

Case Number:	CM14-0022413		
Date Assigned:	05/09/2014	Date of Injury:	06/14/2013
Decision Date:	07/10/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/21/2014

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 injured worker is a 64 year old female who sustained an injury on June 14, 2013 when she tripped on a board falling forward to the hands and knees. The injured worker reported immediate pain in the hands wrists low back groin and knees followed by the development of pain in the right shoulder and hip. The injured worker was initially referred to physical therapy followed by arthroscopic right shoulder surgery in September of 2013. The injured worker reported no substantial benefit from surgery or post-operative physical therapy to date. The injured worker underwent a second arthroscopic right shoulder surgery on December 17, 2013 followed by further additional physical therapy. The injured worker received multiple injections which provided temporary relief only. The injured worker continued to be followed for complaints of both knee right knee and right shoulder pain. The clinical record on February 5, 2014 noted no specific findings. The injured worker noted tenderness to palpation in both the right knee and shoulder. Radiographs were negative for evidence of osteoarthritis or injury. The injured worker was recommended to continue with physical therapy for an additional 12 sessions to improve strength and range of motion in the right shoulder. A Corticosteroid injection was performed at this visit. The injured worker was prescribed Norco 10/325mg #60 and Cyclobenzaprine 7.5mg #60. Dyotin SR 250mg was also prescribed and Flurbitac, Theraflex cream 180mg, Keratek four ounce bottle, and Vicosetron. The requested Cyclobenzaprine 7.5mg #60, Flurbitac #60, Keratek four ounces, Vicosetron 10/300/2mg #40 and Ondansetron were denied by utilization review on February 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: It is noted the prior denial rationale was for modification of 20 tablets to allow for downward titration and discontinuation of the medication as guidelines do not support chronic use of muscle relaxers. Based on clinical documentation submitted for review there were no indications of ongoing muscular spasms in the right shoulder or knee that would have warranted the continued use of Cyclobenzaprine. Therefore the request for Cyclobenzaprine 7.5mg quantity 60 is not medically necessary.

FLURBITAC 100/100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

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

Decision rationale: This is a combined medication including Flurbiprofen and ranitidine. The clinical documentation submitted for review did not indicate that the injured worker was unable to tolerate separate use of anti-inflammatories and ranitidine. There was no indication for combined medication such as Flurbitac. Therefore the request for Flurbitac 100/100mg is not medically necessary.

KERATEC GEL 4OZ: Upheld

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

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

Decision rationale: Keratec gel as topical analgesic is considered largely experimental/investigational in the clinical literature. There is insufficient evidence supporting the use of topical analgesics in the treatment of chronic pain. Topical analgesics can be considered as an option for the treatment of neuropathic pain when all other conservative treatments have failed including anti-inflammatories anticonvulsants and antidepressants which are first line medications in the treatment of neuropathic pain. Clinical documentation submitted for review did not identify any clear evidence regarding ongoing neuropathic conditions. There is

no indication that the injured worker had reasonably failed other first line medications for neuropathic pain. Therefore request for Keratec gel 4oz. is not medically necessary.

VICOSETRON 10/300/2MG #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Anti-emetics.

Decision rationale: Vicosetron is a combined hydrocodone/acetaminophen Ondansetron medication. There is no rationale for why the injured worker was unable to take separate medications including hydrocodone and Ondansetron. Furthermore the injured worker was also prescribed separate narcotic medications. Given the lack of any indication that the injured worker was unable to tolerate separate anti separate narcotics from Ondansetron the request for Vicosetron 10/300/2mg quantity 40 is not medically necessary.

ONDANSETRON, UNBUNDLED FROM VICOSETRON: 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)-TWC Pain and Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Anti-emetics.

Decision rationale: Ondansetron would be utilized off label in this case. The injured worker was not receiving any chemotherapy or radiation therapy contributing to vomiting and nausea side effects. The injured worker did not undergo any recent surgical intervention. These are the indications for Ondansetron through the FDA. There was no indication to prescribe Ondansetron outside of FDA indications. Therefore the request for Ondansetron unbundled from Vicosetron is not medically necessary.