MAXIMUS Federal Services

Case Number:	CM14-0034128		
Date Assigned:	07/23/2014	Date of Injury:	08/10/2011
Decision Date:	09/09/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/19/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 a 45 year old with an injury date on 8/10/11. Patient complains of improved symptoms in right upper extremity related to possible thoracic outlet syndrome per 1/13/14 report. Patient had persistent right elbow pain with residual dysesthesia as of 10/25/13 report. Based on the 1/13/14 progress report provided by Dr. [redacted] the diagnosis is s/p right medial epicondyle/cubital tunnel release. Exam on 1/13/14 showed "right elbow has a well-healed incision. No sign of neurologic deficit in upper extremities. Some residual pain and extension lag noted by approximately 30 degrees." Dr. [redacted] is requesting naproxen sodium tablets 330mg #120, cyclobenzaprine hydrochloride tablets 7.5mg #120, ondanestron ODT tablets 8mg #30 times 2 total #60, omeprazole delayed release capsules 20mg #120, tramadol hydrochloride ER 150mg #90, and terocin patch #30. The utilization review determination being challenged is dated 2/25/14. Dr. [redacted] is the requesting provider, and he provided treatment reports from 8/12/13 to 1/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium tablets 550mg Quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 60-61;22;67-68.

Decision rationale: This patient presents with right upper extremity pain and is s/p right medial epicondyle/cubital tunnel release from 4/12/13. The treating physician has asked for Naproxen Sodium tablets 330mg #120 on 1/13/14. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. It is also recommended for first-line treatment for chronic low back pain but this patient presents with tendinitis problems. In this case, the patient does not present with symptoms of osteoarthritis; therefore the requested Naproxen tablets are not considered medically necessary for this type of condition. Furthermore, the treating physician does not mention medication efficacy. MTUS require documentation regarding medication efficacy when used for chronic pain. The request is not medically necessary and appropriate.

Cyclobenzaprine Hydrochloride tablets 7.5 mg Quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril; Muscle relaxants (for pain) Page(s): 41-42; 63-66.

Decision rationale: This patient presents with right upper extremity pain and is s/p right medial epicondyle/cubital tunnel release from 4/12/13. The treating physician has asked for cyclobenzaprine hydrochloride tablets 7.5mg #120 on 1/13/14. Regarding Cyclobenzaprine, MTUS recommends as an option, using a short course of therapy for back pain and as post-op use. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants are indicated for back pain, but the treater does not indicate why this medication is to be used for elbow pain. MTUS also supports use of Cyclobenzaprine for postoperative pain, but patient is 8 months removed from surgery. In addition, treater does not state this medication is for "short-term" use per MTUS guidelines. The request is not medically necessary and appropriate.

Ondansetron ODT tablets 8 mg Quantity 30 times 2 total quantity 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 Pain Antiemetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines, Pain chapter for: Ondansetron (ZofranÂ®) Not recommended for nausea and vomiting secondary to chronic opioid use. See Antiemetics (for opioid nausea).

Decision rationale: This patient presents with right upper extremity pain and is s/p right medial epicondyle/cubital tunnel release from 4/12/13. The treater has asked for ondanestron ODT tablets 8mg #30 times 2 total #60 on 1/13/14. Regarding Zofran, ODG does not recommended for nausea and vomiting secondary to chronic opioid use, but is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. In this case, the patient is not undergoing chemotherapy/radiation treatment, and does not have a diagnosis of gastroenteritis. This patient presents with nausea secondary to chronic opioid use for which Zofran is not indicated per ODG guidelines. Recommendation is for denial.

Omeprazole Delayed Release Capsules 20 mg Quantity 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 GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with right upper extremity pain and is s/p right medial epicondyle/cubital tunnel release from 4/12/13. The treating physician has asked for ondanestron ODT tablets 8mg #30 times 2 total #60 on 1/13/14. Regarding Zofran, ODG does not recommended for nausea and vomiting secondary to chronic opioid use, but is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. In this case, the patient is not undergoing chemotherapy/radiation treatment, and does not have a diagnosis of gastroenteritis. This patient presents with nausea secondary to chronic opioid use for which Zofran is not indicated per ODG guidelines. The request is not medically necessary and appropriate.

Tramadol Hydrochloride ER 150 mg Quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with right upper extremity pain and is s/p right medial epicondyle/cubital tunnel release from 4/12/13. The treating physician has asked for ondanestron ODT tablets 8mg #30 times 2 total #60 on 1/13/14. Regarding Zofran, ODG does not recommended for nausea and vomiting secondary to chronic opioid use, but is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. In this case, the patient is not undergoing chemotherapy/radiation treatment, and does not have a diagnosis of gastroenteritis. This patient presents with nausea secondary to chronic opioid use

for which Zofran is not indicated per ODG guidelines. The request is not medically necessary and appropriate.

Terocin Patch Quantity 30: 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 Medicine Page(s): 111-113.

Decision rationale: This patient presents with right upper extremity pain and is s/p right medial epicondyle/cubital tunnel release from 4/12/13. The treating physician has asked for Terocin patch #30 on 1/13/14. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS supports lidocaine patches for peripheral, localized pain that is neuropathic. This patient does present with neuropathic condition but is not localized. Furthermore, the treater does not discuss how this medication relieves pain and improves function. MTUS page 60 require documentation of pain and function when medications are used for chronic conditions. The request is not medically necessary and appropriate.