

Case Number:	CM14-0042541		
Date Assigned:	08/01/2014	Date of Injury:	12/21/2005
Decision Date:	09/12/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/08/2014

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, has a subspecialty in Pulmonary Diseases 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 53-year-old male who reported an injury on 12/21/2005, the mechanism of injury was not provided. On 05/19/2014, the injured worker presented with status post right carpal tunnel release. This note was handwritten and highly illegible. Upon examination, there was zero infection and positive for erythema of the right hand. The diagnoses were carpal tunnel syndrome and trigger finger. A current medication list was not provided. The provider recommended cyclobenzaprine hydrochloride, ondansetron, omeprazole, tramadol, levofloxacin, and Terocin patches. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Procedure Summary (last updated 03/18/14), Non-Sedating Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The California MTUS Guidelines recommend cyclobenzaprine as an option for short term course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The request for cyclobenzaprine hydrochloride 7.5 mg with a quantity of 120 exceeds the guideline recommendation of short term therapy. The provided medical records lacked documentation of significant objective functional improvement with this medication. The provider's rationale was not provided within the documentation. As such, the request is not medically necessary.

Ondansetron ODT 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), Pain Chapter, Procedure Summary (last updated 03/18/14), Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetic.

Decision rationale: Official Disability Guidelines do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with opioid use. The side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects, including nausea and vomiting are limited to short term duration and have limited application to long term use. If nausea and vomiting remain prolonged, the etiologies of these symptoms should be evaluated for. As the guidelines do not recommend Ondansetron for nausea and vomiting secondary to opioid use, the medication would not be indicated. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Omeprazole Delayed-Release capsules 20mg, #120: 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), Pain Chapter, Procedure Summary (last updated 03/18/14), Proton Pump Inhibitor (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to California MTUS Guidelines, Omeprazole may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications that are moderate to high risk for gastrointestinal events. The injured worker does not have a diagnosis congruent with the guideline recommendation for Omeprazole. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Tramadol Hydrochloride ER 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (for chronic pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Levofloxacin 750mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanford Guide to Antimicrobial Therapy 2013, 43rd Edition, Authors: Gilbert, David MD, et al. Page 192-196, Table 15B: Antibiotic Prophylaxis to Prevent Surgical Infections in Adults. Official Disability Guidelines (ODG), Infectious Disease Chapter, Procedure Summary (last updated 02/21/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: RxList, Levofloxacin, Online Database www.RxList.com/levaquin-drug.htm.

Decision rationale: Scientific based research note that levofloxacin is indicated for treatment of adults with mild, moderate, and severe infections caused by nosocomial pneumonia, Pseudomonas, influenza, Streptococcus pneumonia, and Legionella pneumophila. Provider noted on clinical note that there was zero infection. Provider did not indicate a rationale for the requested levofloxacin. Additionally, the frequency of the medication was submitted in the request. As such, the request is not medically necessary.

Terocin Patches #10: 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.

Decision rationale: Terocin is comprised of methyl salicylate, Capsaicin, menthol, and Lidocaine. California MTUS state that topical compounds are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally,

any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines state the Capsaicin is recommended only as an option in injured workers who have not responded or are intolerant to other treatments. The guidelines state that Lidoderm is the only topical form of Lidocaine improved. The included medical documents did not indicate that the injured worker has not responded to or are intolerant to other treatments. The guidelines do not recommend topical Lidocaine in any other form other than Lidoderm. The included medical documents lacked evidence of a failed trial of antidepressants or anticonvulsants. The provider's request does not indicate the frequency or site at which Terocin patch was intended for in the request as submitted. As such, the request is not medically necessary.