

Case Number:	CM14-0047276		
Date Assigned:	07/02/2014	Date of Injury:	07/02/2012
Decision Date:	10/21/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/15/2014

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 is licensed to practice in Nevada. 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 records presented for review indicate that this 47-year-old female was reportedly injured on 07/02/2012. The most recent progress note, dated 5/30/2014 indicated that there were ongoing complaints of bilateral hands pain and numbness. The physical examination demonstrated bilateral hands/wrists had point tenderness upon palpation about the dorsal surface bilaterally. Positive Tinel's sign and Phelan's sign bilaterally were noted bilaterally. There was positive tenderness to palpation over the CMC joints with crepitus on motion about the bilateral thumbs. Slightly limited range of motion was of the CMC joints. Sensation was diminished in the index and middle finger of both hands. No recent diagnostic studies are available for review. Previous treatment included medications, and conservative treatment. A request had been made for Cyclobenzaprine 7.5 mg, Cidaflex, Ondansetron 8 mg and Medrox 120 mg and was denied in the pre-authorization process on 03/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

Cidaflex tablets #120: 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 Page(s): 50.

Decision rationale: MTUS chronic pain guidelines support glucosamine and chondroitin sulfate as an option given its low risk in patients with moderate knee osteoarthritis. Review of the available medical records fails to document a diagnosis or imaging studies demonstrating osteoarthritis of the knees. As such, this request is not medically necessary.

Ondansetron 8 mg #30: 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) - Treatment in Workers' Compensation (TWC), Pain Procedure Summary last updated 1/7/14

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC - ODG Treatment, Integrated Treatment/Disability Duration Guidelines; Pain (Chronic); Antiemetic - (updated 06/10/14)

Decision rationale: Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy, radiation treatment, postoperatively, and acute gastroenteritis. The Official Disability Guidelines do not recommend this medication for nausea and vomiting secondary to chronic opiate use. Review of the available medical records fails to document an indication for why this medication was given. As such, this request is not considered medically necessary.

Medrox 120 gm x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: MTUS guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amenable to topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the claimant's diagnosis, date of injury and clinical presentation, this request is not considered medically necessary.