

<b>Case Number:</b>	CM14-0066085		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/15/2010
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain, upper extremity pain, elbow pain, and carpal tunnel syndrome reportedly associated with an industrial injury of November 15, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 1, 2014, the claims administrator approved a request for Naprosyn, denied a request for tramadol, denied a request for cyclobenzaprine, partially certified request for omeprazole, and denied a request for ondansetron. Many of the medications in question were prescribed via a December 9, 2013 prescription form, which employed preprinted checkboxes as opposed to furnishing any narrative commentary. On that day, Naprosyn, Flexeril, Zofran, Prilosec, and tramadol were endorsed. No applicant's specific information, narrative rationale, or progress note were attached to the same. It was not stated whether or not these medications have proven efficacious. In a December 18, 2013 progress note, the applicant reported persistent complaints of elbow, upper extremity, and wrist pain. The applicant was pending cubital tunnel and carpal tunnel release surgery. The applicant was returned to regular duty work in the interim. The attending provider stated that he was refilling the applicant's medications under separate cover. On November 13, 2013, the applicant was again described as working regular duty. The attending provider reiterated his request that the applicant pursued a right carpal tunnel release surgery and cubital tunnel release surgery in question. On January 21, 2014, Naprosyn, Flexeril, Zofran, Prilosec, and tramadol were again refilled through a preprinted prescription form using checkboxes, without much in the way of narrative commentary or rationale. The remainder of the file was surveyed. There was no

evidence that the recommended cubital tunnel release surgery and/or carpal tunnel release surgery took place.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Tramadol ER (Extend Release) 150 mg. #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain. In this case, the applicant has returned to under maintain regular duty work status while using tramadol. The attending provider's progress notes, while not explicitly mention tramadol, did suggest that the applicant was experiencing appropriate symptomatic pain relief with medication usage. On balance, does appear two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have been met, despite the relative paucity of supporting information. Accordingly, the request is medically necessary.

#### **Cyclobenzaprine 7.5 mg. #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Antispasticity/Antispasmodics Drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Procedure Summary.

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, additional cyclobenzaprine or Flexeril or other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic medications, including Naprosyn and tramadol. Adding cyclobenzaprine or Flexeril to mix is not recommended. Therefore, the request is not medically necessary.

#### **Omeprazole 20 mg.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs); Gastrointestinal symptoms and cardiovascular risks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , NSAIDS, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitor such as omeprazole to combat issues with the NSAID-induced dyspepsia, in this case, however, there was no clear statement from the attending provider that the applicant was, in fact, is experiencing issues with NSAID-induced dyspepsia. Therefore, the request was not medically necessary.

**Ondansetron 8 mg.:** 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 Procedure Summary; Mosby's Drug Consult.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Food and Drug Administration (FDA) Ondansetron Medication Guide. Page(s): 7-8.

**Decision rationale:** While the MTUS does not specifically address the topic of ondansetron usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines state that an attending provider using a drug for non-FDA level purposes has responsibility to be well informed regarding usage of the same and should, furthermore, provide some evidence to support such usage. The Food and Drug Administration, however, notes that ondansetron or Zofran is indicated to prevent nausea or vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, there is no evidence that the applicant ever underwent the proposed carpal tunnel and/or cubital tunnel release surgery. There is no evidence that the applicant received cancer chemotherapy and/or radiation therapy. It does not appear, furthermore, the applicant ever personally experienced symptoms of nausea and vomiting which could have supported provision of ondansetron. Therefore, the request was not medically necessary.