

Case Number:	CM14-0070548		
Date Assigned:	07/14/2014	Date of Injury:	05/08/2011
Decision Date:	09/18/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/15/2014

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 53-year-old female was reportedly injured on May 8, 2011. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 7, 2013, indicates that there are ongoing complaints of right hand pain. The physical examination demonstrated tenderness along the right arm. Current medications are stated to include mirtazapine, Norco, Ondansetron, Cyclobenzaprine, and topical Amitriptyline/Bupivacaine/Clonidine/Gabapentin. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes an ankle fusion x 2. A request had been made for a retrospective request for Ondansetron 8 mg, 1 tablet daily, and Amitriptyline/Bupivacaine/Clonidine/Gabapentin/Lidocaine, date of service 05/07/2013 for the right foot and was not certified in the pre-authorization process on May 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ondansetron 8 mg, 1 tablet daily, and Amitrip/Bupiv/Clon/Gaba/Lido, date of service 05/07/2013, for right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113, 121-122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Zofran).

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for Amitriptyline/Bupivacaine/Clonidine/Gabapentin/Lidocaine is not medically necessary. Ondansetron is a medication that is Food and Drug Administered -approved for nausea and vomiting secondary to chemotherapy, radiation treatment, post-operatively, and acute gastroenteritis. The (ODG) does not recommend this medication for nausea and vomiting secondary to chronic opiate use. Medical records fail to document an indication for why this medication was given. As such, this request is not medically necessary.