

<b>Case Number:</b>	CM14-0091794		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 34 year old female with reported date of injury on 11/21/12 due to cumulative use of hands during food preparation resulting in development of mass to dorsum of bilateral wrists. The injured worker underwent left wrist ganglion cyst excision in 2013. Clinical note dated 05/20/14 indicated the injured worker presented complaining of right wrist ganglion cyst which was previously aspirated but recurred. Physical examination revealed full range of motion of bilateral upper extremities, 5/5 strength in bilateral upper extremities, sensation intact in all dermatomes, 2+ deep tendon reflexes bilaterally, and right ganglion cyst over the dorsal scapholunate area of the right wrist. The injured worker failed conservative treatment including anti-inflammatories, physical therapy, and aspiration and should be considered for right dorsal wrist ganglion excision. Clinical note dated 06/04/14 indicated the injured worker presented complaining of moderate bilateral upper extremities pain, 4/5 strength, and tenderness to bilateral upper extremities. Request for cyst excision submitted. Request for Norco, Ondansetron, Ambien, and Narcosoft for post-operative treatment submitted. There was no indication in the clinical documentation that injured worker received approval for surgical intervention. The initial request was non-certified on 06/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8mg every 8 hours as needed.:** 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 Chapter, Subheading Ondansetron.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiemetics for opioid nausea Page(s): 70.

**Decision rationale:** As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the injured worker cannot benefit from over-the-counter NSAIDs on an as needed basis. As such, the request for Ondansetron 8mg every 8 hours as needed cannot be established as medically necessary.

**Ambien 10mg #30 by mouth at bedtime.:** 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 Chapter, Subheading, Zolpidem; Official Disability Guidelines, Pain Chapter, Insomnia Treatment Subheading.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - online version, Pain (Chronic), Zolpidem (Ambien®)

**Decision rationale:** As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien 10mg #30 by mouth at bedtime cannot be recommended as medically necessary.

**Narcosoft #60 1 to 2 capsules.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioid Induced Constipation Treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, prophylactic constipation measures should be initiated when long-term opioid medications are to be utilized; however, there is no indication in the documentation that attempts were made and failed at first-line treatment options to include proper diet, activity modification and increased fluid intake. Additionally, there is no indication that the injured worker cannot utilize the readily available over-the-counter formulation of the medication. Additionally, current guidelines do not recommend the use of medical foods or herbal medicines. As such, Narcosoft #60 1 to 2 capsules cannot be recommended as medically necessary at this time.

**Norco 5-500 #60 by mouth every 6 hours as needed.:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab); Opioids; Criteria For Use Of Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Norco 5-500 #60 by mouth every 6 hours as needed cannot be recommended as medically necessary at this time.