

Case Number:	CM14-0092142		
Date Assigned:	09/25/2014	Date of Injury:	02/14/2000
Decision Date:	10/27/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/18/2014

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 patient is a 37 year-old female with date of injury 02/14/2000. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/02/2014, lists subjective complaints as pain in the bilateral wrists, elbows, shoulders, and hands. Objective findings: Examination of the bilateral upper extremities revealed swelling and synovitis in both volar wrists. Tenderness to palpation of the medial right elbow, both volar wrists, right greater than left. There was no tenderness noted in the forearms or hands. Range of motion for bilateral upper extremities was within normal limits. Phalen and reverse Phalen tests were positive bilaterally, right greater than left. Allen test was negative bilaterally. Carpal tunnel compression test was positive bilaterally, right greater then left. Diagnosis: Bilateral carpal tunnel syndrome, right greater than left. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as three months: 1. Ondansetron 8mg, #30 SIG: PRN, no more than two a day; 2. Terocin Patches, #30: every 12 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #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, Treatment for Workers Compensation, Anti-emetics 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 (Chronic), Ondansetron (Zofran)

Decision rationale: There is no documentation that the patient is suffering nausea or vomiting due to any of the approved indications for ondansetron. Current approved indications include nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. Ondansetron is not medically necessary per ODG.

Terocin Patches #30: 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: According to the MTUS, compounds containing lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The patient's physical exam shows no evidence of radiculopathy or neuropathic pain. Terocin patches are not medically necessary.