

Case Number:	CM14-0110163		
Date Assigned:	08/01/2014	Date of Injury:	09/30/2002
Decision Date:	05/19/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 74-year-old female who sustained an industrial injury on 09/30/2002. She reportedly suffered a shoulder and upper extremity injury with diagnosis including lumbago, cervical pain, right and left shoulder pain, right forearm pain, and right and left hand pain. her treatments to date have included carpal tunnel release, oral medications, and topical medications. The only clinical documentations provided for review addressing the injured worker's situation was from a Doctor's First Report of Occupational Injury or Illness dated 05/19/2014, which indicated the injured worker had flexion numerous cervical epidural steroid injections and had not undergone a lumbar epidural steroid injection. There was no additional comprehensive physical examination provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren SR 100mg (Diclofenac Sodium) #120 (NDC 0093-1041-01): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: According to the California MTUS Guidelines, with the only clinical documentation provided for review not identifying the injured worker as having any quantitative level of pain to determine if the requested medication is appropriate, the use of the Voltaren cannot be supported. Voltaren is utilized to treat various symptoms, as well as addressing inflammation, which can further improve and injured worker's situation. However, without having sufficient information pertaining to the injured worker's level of pain, as well as functionality, the use of the medication cannot be determined as medically necessary at this time.

Ondansetron ODT 8mg #30 (NDC 65862-0391-10): 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) TWC Antimedics (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 Chapter, Ondansetron.

Decision rationale: According to the Official Disability Guidelines, without having clinical documentation referencing to the injured worker having nausea or vomiting necessitating this medication, the request cannot be supported. Additionally, this medication is not intended for use with chronic opioid intake but may be utilized for postoperative care. As such, without having sufficient information pertaining to the medical necessity for use of the ondansetron, including any reference to nausea or vomiting following a surgical procedure, the medical necessity has not been established for the use of this medication. The request is not medically necessary.

Omeprazole Delayed-Release 20mg #120 (NDC 60505-0065-01): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Under the California MTUS Guidelines, use of omeprazole is indicated for injured workers who have potential GI symptoms and no cardiovascular disease or risk while utilizing other oral medications that may cause gastrointestinal upset. However, the only clinical documentation provided for review did not specify that the injured worker had any symptoms related GI upset to warrant the use of omeprazole. Therefore, after review of the clinical documentation and reference to the guidelines, the medical necessity has not been established. The request is not medically necessary.

Terocin Patch #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 Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, with only 1 clinical documentation provided for review referencing the injured worker having subjective complaints of low back pain, the medical necessity for use of Terocin patch was not determined. There is a lack of quantitative pain level and functionality identified on the clinical note with no reference as to why the injured worker necessitated the use of a topical analgesic. There is no statement that she was weaning off narcotics or was unable to utilize oral analgesics. Therefore, after review of the clinical documentation and in reference to the guidelines, the Terocin patch was determined to not be medically necessary.

Tramadol Hydrochloride ER 150mg #90 (NDC 76218-0708-05): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California MTUS Guidelines, without having sufficient information pertaining to how the injured worker had tried and failed non-opioid medications prior to requesting the tramadol, the requested service cannot be supported. There was a lack of evidence pertaining to the quantitative level of pain and functionality related to the injured worker's pathology at the time of the request. Additionally, there was no reference as to what prior treatments she had undergone prior to requesting the tramadol hydrochloride ER. There was also no statement or documentation of a urine drug screen having been provided to indicate that she did not have any aberrant drug taking behaviors prior to taking the opioid. Therefore, after review of the clinical documentation and in reference to the medical guidelines, the medical necessity of the medication was not established. The request is not medically necessary.