

Case Number:	CM14-0187029		
Date Assigned:	11/17/2014	Date of Injury:	03/01/2012
Decision Date:	01/05/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Interventional Spine 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:

This case involves a 46 year old female with an injury date of 03/01/12. Based on the 10/16/14 progress report provided by treating physician, the patient complains of left shoulder, and right arm and wrist pain. Physical examination of the left shoulder revealed pain increasing with abduction to 170 degrees with painful arc from 110 to 170 degrees. Examination of the right wrist revealed positive Tinel's; subluxing tendon joint complex right 5th finger; right medial epicondyle and ulnar aspect of the wrist; and sensation decreased at right 5th finger. The patient's medications include cymbalta, gabapentin, Ondansetron, Norco, Vicodin, hydrocodone, Percocet, Voltaren gel and Deplin. The patient was given 24 samples of Deplin on 10/16/14. The patient has used it with Cymbalta, and had significant improvement in reducing her neuropathic pain as well as reducing her Norco and Percocet use. Ondansetron is prescribed for nausea secondary to medications including opiates. Diagnosis 10/16/14 bilateral carpal tunnel syndrome; right carpal tunnel release 01/31/13; left carpal tunnel surgery 11/29/12; trigger finger release; bilateral ulnar neuritis; cervical strain; and right finger instability with neuropathy, possible atrophic instability of the finger. The utilization review determination being challenged is dated 10/16/14. Treatment reports were provided from 06/13/14 - 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deplin 15 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Pain (Chronic) Chapter, Medical food

Decision rationale: The patient presents with left shoulder and right arm and wrist pain. The request is for Deplin 15MG. The patient is status post right carpal tunnel release 01/31/13 and left carpal tunnel surgery 11/29/12. The patient's diagnosis dated 10/16/14 included bilateral carpal tunnel syndrome, bilateral ulnar neuritis, cervical strain and right finger instability with neuropathy. The patient's medications include Cymbalta, Gabapentin, Ondansetron, Norco, Vicodin, Hydrocodone, Percocet, Voltaren gel and Deplin. Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Pain (Chronic) Chapter states: "Deplin (L-methylfolate) is a prescription medical food from Pan American Laboratories, Inc., Covington, LA, for the dietary management of suboptimal folate, a naturally occurring B vitamin, in depressed patients. L-methylfolate is not an antidepressant, but may make antidepressants work better by correcting folate levels in the brain." ODG-TWC, Pain (Chronic) Chapter states: "Medical food: Not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. FDA defines a medical food as "a food which is formulated to be consumed or administered under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain." Per progress report dated 10/16/14, the patient was given 24 samples of Deplin. The patient has used it with Cymbalta, and had significant improvement in reducing her neuropathic pain, as well as reducing her Norco and Percocet use. However, Official Disability Guidelines (ODG) does not recommend medical foods for chronic pain, as there are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. Therefore, this request is 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 Food and Drug Administration (FDA), www.fda.gov

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) Chapter, Antiemetics (for Opioid Nausea)

Decision rationale: The patient presents with left shoulder and right arm and wrist pain. The request is for Ondansetron 8MG. The patient is status post right carpal tunnel release 01/31/13 and left carpal tunnel surgery 11/29/12. The patient's diagnosis dated 10/16/14 included bilateral carpal tunnel syndrome, bilateral ulnar neuritis, cervical strain and right finger instability with

neuropathy. The patient's medications include Cymbalta, Gabapentin, Ondansetron, Norco, Vicodin, Hydrocodone, Percocet, Voltaren gel and Deplin. Official Disability Guidelines (ODG) has the following regarding antiemetics: "ODG Guidelines, Pain (Chronic) Chapter, Antiemetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is Food and Drug Administration (FDA) - approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." Per progress report dated 10/16/14, Ondansetron is prescribed for nausea secondary to medications including opiates. However, the treating physician has not indicated that patient is postoperative, undergoing chemotherapy and radiation, or has gastroenteritis, as recommended by ODG and the FDA. Furthermore, Ondansetron is not recommended by ODG for nausea and vomiting secondary to chronic opioid use. The request does not meet guideline indications. Therefore, this request is not medically necessary.