

Case Number:	CM14-0202655		
Date Assigned:	12/15/2014	Date of Injury:	11/05/2012
Decision Date:	02/04/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/03/2014

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 Family Practice and is licensed to practice in Utah. 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 57 year-old female. The patient's date of injury is 11/05/2012. The mechanism of injury is not clearly stated in the documents. The patient has been diagnosed with Carpal Tunnel Syndrome. The patient's treatments have included EMG, NCS, Surgical intervention, imaging studies, and medications. The physical exam findings dated 9/4/2014 show examination of the right wrist with a well-healing surgical incision. There are no signs of infection. There is some swelling. There is some stiffness due to immobilization and weakness. The neurovascular status is grossly intact. The patient's medications have included, but are not limited to, Tramadol, Omeprazole, Ondansetron, Flexeril and Fenoprofen. It is unclear for how long these medications were used for or what the outcomes of taking these medications included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Omeprazole. There is evidence that the patient is at increased risk for gastrointestinal complications that would warrant the use of this medication in the patient. According to MTUS guidelines, increased risk is defined as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient is on high doses of an NSAID. The use of Omeprazole, as stated in the above request, is determined to be a medical necessity at this time.

Ondansetron 8 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zofran Ondansetron Uptodate.com, Zofran.

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Ondansetron. Guidelines state the following: prevention of nausea and vomiting associated with high emetogenic cancer chemotherapy. It has not been established for treatment of medications induced nausea. According to the clinical documentation provided and current guidelines; Ondansetron is not indicated as a medical necessity to the patient at this time.

Cyclobenzaprine 7.5 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42; 63-66.

Decision rationale: MTUS guidelines state the following: Cyclobenzaprine is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. According to the clinical documents, the Cyclobenzaprine requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; Cyclobenzaprine is not indicated a medical necessity to the patient at this time.

Fenoprofen Calcium (Nalfon) 400 mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-73.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Fenoprofen. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. This is also recommended as a first line medication in pain. According to the clinical documentation provided and current MTUS guidelines; Fenoprofen is indicated a medical necessity to the patient at this time.