

<b>Case Number:</b>	CM14-0208390		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 3/1/2012. Per primary treating physician's progress report dated 11/24/2014, the injured worker complains of right upper extremity pain rated 5-9/10. She has had good improvement with Deplin and Cymbalta. Deplin and Cymbalta are prescribed to try and avoid opiates. Ondansetron is prescribed for nausea related to medications and pain. On examination she has Tinel's at the right cubital tunnel. There is grossly positive elbow flexion test with some concordant pain, numbness and tingling into her problematic area down to the right palm, 4th and 5th fingers, with difficulty bending the right 5th finger as usual. Muscle testing shows diminished pinch and grip on the right, and 5/5 on the left. Jamar testing right affected side is 1 pound. She budes the needle in the calibration box. Left 12 and 12 with decent effort. Gait is normal. Diagnoses include 1) bilateral carpal tunnel syndrome with right carpal tunnel release 1/31/2013 2) left carpal tunnel surgery 3) trigger finger release 4) bilateral ulnar neuritis 5) cervical strain 6) cubital tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Deplin 15 mg 1 po daily:** 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), Pain Chapter, Medical Food section

**Decision rationale:** The MTUS Guidelines do not address the use of medical foods. The ODG states that medical foods may be recommended for use. Medical foods are defined as a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirement, based on recognized scientific principle are established by medical evaluation. Deplin is a prescription medical food 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. The clinical reports do not indicate that the injured worker has a deficiency in folate, or has a medical condition that may benefit from supplementation with these ingredients. The request for Deplin 15 mg 1 po daily is determined to not be 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 [www.fda.gov](http://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 chapter, Antiemetics (for opioid nausea)

**Decision rationale:** The MTUS Guidelines do not address the use of ondansetron. The ODG does not recommend the use of antiemetics for nausea and vomiting secondary to chronic opioid use. Ondansetron is FDA approved for use with nausea as a result of chemotherapy or radiation treatments, post-operative nausea, and acutely in gastroenteritis. The requesting physician explains that this request is for nausea from medication use and pain, which are not uses supported by these guidelines. The request for Ondansetron 8 mg is determined to not be medically necessary.