

Case Number:	CM14-0093846		
Date Assigned:	07/25/2014	Date of Injury:	09/20/2012
Decision Date:	03/25/2015	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/20/2014

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 58 year old female who sustained an industrial related injury on 9/20/12 from continuous and repetitive typing. In a separate work related incident the injured workers right thumb was partially amputated by a slamming door. The injured worker had complaints of bilateral wrist and right thumb pain. Diagnoses included status post bilateral carpal tunnel release and bilateral De Quervain's bilateral long trigger finger. The treating physician recommended authorization for Orphenadrine Citrate ER 100mg #120, Ondansetron 8mg #60, Tramadol 150mg #90, and Terocin patch #30. On 5/20/14 the requests were non-certified. Regarding Orphenadrine Citrate, the utilization review (UR) physician cited the Official Disability Guidelines (ODG) and noted there was no documentation of trialed and failed Y drugs or documentation that this medication is superior to any Y drug. Regarding Ondansetron, the UR physician cited the ODG and noted there was no documentation of ongoing complaints of nausea and vomiting. Regarding Tramadol, the UR physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted there was no documentation of current drug testing, risk assessment profile, attempt at weaning, and an updated and signed pain contract. Regarding Terocin patches, the UR physician cited the MTUS guidelines and noted the medical records did not indicate failed trials of first-line recommendations of oral antidepressants and anticonvulsants. Therefore the request were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate ER 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines orphenadrine Page(s): 41.

Decision rationale: MTUS guidelines support the use of orphenadrine for short term therapy for treatment of muscle spasms. The medical records provided for review indicate treatment with flexeril (orphenadrine) but does not document/ indicate specific functional benefit or duration of any benefit in regard to muscle relaxant effect. As such the medical records do not demonstrate objective functional benefit or demonstrate intent to treat with short term therapy in congruence with guidelines.

Ondansetron 8mg #8: 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), Treatment in Workers Compensation (TWC), Pain chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT₃ receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

Decision rationale: The medical records provided for review do not document any GI symptoms frequency, severity, or associated signs and symptoms with demonstration of nausea or vomiting not controlled by first line agents. Ondansetron is supported for nausea/vomiting related to cancer chemotherapy, radiation therapy and surgery. As the medical records do not reflect any of these conditions, ondansetron is not supported for the insured.

Tramadol 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain, opioids

Decision rationale: ODG guidelines support opioid treatment for patients that have not responded to first line therapy and who have been screened for opioid risk of use and have

ongoing opioid mitigation tools being used. The medical records indicate acute pain but do not document failure of first line therapies such as PT and use of NSAID before proceeding to opioid. There is also no documentation in the medical records of opioid risk mitigation tool assessment or use. As such the medical records do not support use of tramadol congruent with ODG guidelines for treatment with opioids.

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 topicals Page(s): 111.

Decision rationale: Topical terocin is not supported as approved by FDA for single topical use for spine related pain. The medical records report pain in the spine cervical and lumbar region. ODG guidelines do not support topical agent that contains one or more agents that are not approved for topical use on individual basis.