

Case Number:	CM15-0008298		
Date Assigned:	01/26/2015	Date of Injury:	10/05/2012
Decision Date:	03/17/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/13/2015

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: Texas, Ohio, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for bilateral hand, bilateral wrist, elbow, and shoulder pain reportedly associated with an industrial injury of October 1, 2012. In a Utilization Review Report dated December 20, 2014, the claims administrator failed to approve a request for Voltaren gel, Norco, Topamax, Amoxil, and Zofran. The claims administrator apparently referenced a December 24, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a progress note dated February 5, 2015, somewhat blurred as a result of repetitive photocopying, the applicant reported multifocal complaints of neck, shoulder, bilateral hands, and bilateral wrists. The applicant also reported ancillary complaints of gastroesophageal reflux disease. Portions of the applicant's claim apparently had been administrated and contested by the claims administrator. The applicant was receiving "minimal income" through [REDACTED], as stated. The applicant was reportedly severely depressed. The applicant's issues with sleep disturbance were also present, it was acknowledged. The applicant was not working. Various treatments were endorsed, including neck pillow, thumb splints, wrist braces, Effexor, Desyrel, Nalfon, tramadol, and Protonix, while the applicant was kept off of work. Previously proposed hand, wrist, and shoulder surgery also had been denied, the attending provider suggested. In a January 12, 2015 progress note, the attending provider stated that the applicant was easily tearful and was having continued difficulties with gripping and grasping activities. On September 30, 2014, the attending provider stated that he was again pursuing a previously denied carpal tunnel release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 100 g, 3 bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Page(s): 112.

Decision rationale: The request for Voltaren gel was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has "not been evaluated" for treatment involving the spine, hip, and shoulder pain. Here, some of the applicant's primary pain generators include the cervical spine and shoulder, i.e., body parts for which Voltaren gel has not been evaluated. Therefore, the request was not medically necessary.

Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: The request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. As acknowledged by the attending provider, the applicant was/is no longer working. The attending provider likewise failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing Norco usage. The applicant had continued commentary to the effect that she was having difficulty with activities of daily living as basic as gripping, grasping, and the like, etc. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

Amoxicillin clavulanate #20: 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 Other Medical Treatment Guideline or Medical

Evidence: ACOEM Practice Guidelines, 3rd Edition, Hand, Wrist, And Forearm Chapter, Surgery

Decision rationale: Similarly, the request for amoxicillin clavulanate (AKA Augmentin), a penicillin antibiotic, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of perioperative antibiotics. However, the Third Edition ACOEM Guidelines note that the routine usage of antibiotics for all individuals undergoing carpal tunnel release surgery is deemed "not recommended." Here, it is further noted that several requests for carpal tunnel release surgery were apparently denied by the claims administrator. There was no evidence that the applicant had received approval for carpal tunnel release surgery, was scheduled to undergo carpal tunnel release surgery, and/or had had a recent carpal tunnel release surgery on or around the date of the request. Therefore, the request was not medically necessary.

Zofran 8 mg #20: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Ondansetron Medication

Decision rationale: Finally, the request for Zofran, an antiemetic, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Food and Drug Administration (FDA) notes that ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. Here, however, as noted previously, the request for a carpal tunnel release surgery was apparently denied by the claims administrator through the Utilization Review process. There was no evidence that the claimant had been approved for a carpal tunnel release surgery, had undergone a recent carpal tunnel release surgery, and/or was scheduled to undergo a carpal tunnel release surgery. Usage of ondansetron (Zofran) was not, thus, indicated here. Therefore, the request was not medically necessary.