

<b>Case Number:</b>	CM15-0161310		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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, Florida, 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 injured worker is a 36 year old male, who sustained an industrial injury on July 22, 2013. He reported alt wrist and lower back injuries. The injured worker was diagnosed as having lumbar sprain and strain, tenosynovitis of hand and wrist not elsewhere classified, pain in joint of hand, arthropathy not otherwise specified of hand, and chronic pain syndrome. Diagnostic studies to date have included: The medical records refer to radiographs of the left wrist from March 30, 2015 that revealed no acute fracture or dislocation, and an MRI of the left wrist from November 19, 2013 that revealed a dorsal ganglion and mild extensor carpi ulnaris tendinosis. The reports of these diagnostic studies were not included in the provided medical records. On December 23, 2014, electrodiagnostic studies of the upper extremities revealed no abnormal findings. Treatment to date has included 24 sessions of chiropractic treatment, physical therapy, occupational therapy, massage, transcutaneous electrical nerve stimulation (TENS), left wrist steroid injections, work modifications, and medications including oral opioid analgesic, topical analgesic, proton pump inhibitor, sleep, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury, and no noted comorbidities. Comorbid diagnoses included history of anxiety and depression. On August 3, 2015, the injured worker reported continued, moderate to severe, aching and shooting lower back and left wrist pain, rated 9 out of 10. His pain was increased since the last visit. Associated symptoms included pain and needles, tingling, and loss of appetite. His pain was aggravated by bending over, pulling, and pushing. Rest, transcutaneous electrical nerve stimulation (TENS), and medication relieve his pain. His medication side effects included nausea and loss of appetite. The quality of his sleep remained

poor. He reported lower back pain that radiated into his right leg just below the knee with associated numbness and tingling with extended standing and lifting. The physical exam revealed left wrist swelling, negative Tinel's and Phalen's signs, and tenderness to palpation over the radial side, ulnar side, first dorsal compartment, scapho-lunate, and Triangular fibrocartilage complex (TFCC) of the left wrist. There was painful left wrist range of motion. There was a decreased right and normal left hand grip, decreased sensation to light touch over the right lateral calf, left medial hand, and left lateral hand. The treatment plan includes the addition of Zofran for non-steroidal anti-inflammatory-induced nausea and continuing the Lunesta.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lunesta 1mg Tablet #30: 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), Insomnia treatment.

**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): Eszopicolone (Lunesta); Insomnia treatment.

**Decision rationale:** This claimant was injured two years ago with lumbar sprain and strain, tenosynovitis of hand and wrist not elsewhere classified, pain in joint of hand, arthropathy not otherwise specified of hand, and chronic pain syndrome. 2014 electrodiagnostic studies of the upper extremities were normal. Treatment to date has included 24 sessions of chiropractic treatment, physical therapy, occupational therapy, massage, transcutaneous electrical nerve stimulation (TENS), left wrist steroid injections, work modifications, and medications including oral opioid analgesic, topical analgesic, proton pump inhibitor, sleep, and non-steroidal anti-inflammatory. As of August, there was still low back and left wrist pain. It is not clear for what duration sleeping aids have been used in the past. Regarding Eszopicolone (Lunesta), the MTUS is silent. The ODG, Pain section simply notes it is not recommended for long-term use, but recommended for short-term use. In this case, I was not able to verify short term use vs. chronic usage, with little mention of benefit out of the sleep aid. There is insufficient evidence to support the usage in this claimant's case. The request is appropriately non certified, therefore is not medically necessary.

#### **Zofran 4mg Tablet #30: 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), Ondansetron (Zofran).

**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): Antiemetics (for opioid nausea); Ondansetron (Zofran®).

**Decision rationale:** Official Disability Guidelines (ODG), Pain section, under Zofran. As shared previously this claimant was injured two years ago with a lumbar sprain and strain, tenosynovitis of hand and wrist not elsewhere classified pain in the hand, hand arthropathy and chronic pain syndrome. 2014 electrodiagnostic studies of the upper extremities revealed no abnormal findings. Treatment to date has included 24 sessions of chiropractic treatment, physical therapy, occupational therapy, massage, transcutaneous electrical nerve stimulation (TENS), left wrist steroid injections, work modifications, and medications including oral opioid analgesic, topical analgesic, proton pump inhibitor, sleep, and non-steroidal anti-inflammatory. As of August, there was still low back and left wrist pain. There reportedly is NSAID-induced nausea. The MTUS was silent on this medicine. The ODG notes Ondansetron (Zofran): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is 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. It is not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use per FDA-approved indications, this is a special anti-emetic for special clinical circumstances; those criteria are not met in this injury case. A chronic usage is not supported. The request is appropriately non-certified, therefore is not medically necessary.