

Case Number:	CM15-0030316		
Date Assigned:	02/24/2015	Date of Injury:	06/18/2009
Decision Date:	09/04/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/18/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 51-year-old female who sustained an industrial injury on 06-18-2009. Diagnoses include disc disorder, cervical; elbow pain; shoulder pain; cervical radiculopathy; entrapment neuropathy, upper limb; and cervical facet syndrome. Treatment to date has included medications, acupuncture, shoulder surgery, physical therapy, TENS unit, cervical pillow, ThermaCare heat wraps and independent gym membership. According to the progress notes dated 12-15-2014, the IW reported pain along the left and right arms and the lower back. She reported her medications reduce her pain and allow her to function for her activities of daily living, such as house care, cooking, cleaning, and shopping. Her pain with medications was 3 out of 10 and without them was 8 out of 10. On examination, there was tenderness in the cervical facets at C3 through C6. Spurling's test was negative. All upper limb reflexes were equal and symmetric. The C6, C8, and T1 dermatomes were hypersensitive to pinprick bilaterally. Left shoulder range of motion was limited. The bilateral elbows were tender over the medial and lateral epicondyles; Tinel's sign was positive at the right ulnar groove and left wrist; and Phalen's sign was positive bilaterally. MRI of the right shoulder dated 5-14-2013 showed bursitis and tendinopathy. An MRI of the left shoulder on 4-23-2013 showed a low- grade partial bursal surface tear of the superior fibers of the infraspinatus tendon. Electrodiagnostic testing on 2-15-2012 was positive for bilateral carpal tunnel syndrome and ulnar neuropathy at the bilateral elbows. MRI of the cervical spine on 1-26-2012 indicated a 4 mm central disc protrusion at C4-C5 contacting the spinal cord and causing moderate central spinal canal narrowing. A request was made for Zofran 8mg, #60, Oxycodone HCI 15mg, #90 and Miralax powder packet 17Grams, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg QTY: 60.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Zofran.

Decision rationale: Pursuant to the Official Disability Guidelines, Ondansetron (Zofran) 8 mg #60 is not medically necessary. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and gastroenteritis. In this case, the injured worker's working diagnoses are disk disorder cervical; elbow pain; shoulder pain; cervical radiculopathy; Depression with anxiety: entrapment neuropathy upper limb; and facet cervical syndrome. The date of injury is June 18, 2009. Request for authorization is dated January 8, 2015. According to a progress note dated October 10, 2012, the worker was taking Norco 10/325mg and lactulose. According to an April 16, 2014 progress note, the treating provider prescribed Zofran, Oxycodone, Lactulose and Miralax. According to a February 9, 2015 progress note, the injured worker's subjective complaints included bilateral shoulder pain, arm pain, elbow pain, neck pain with headaches. Pain has increased since the prior visit. Pain scale was 3/10 with medication. There is no documentation indicating the injured worker is on chemotherapy, radiation treatment, is post-operative or has gastroenteritis. There is no clinical indication (according to the ODG) for the use of Zofran. Consequently, absent clinical documentation with the clinical indication for Zofran and guideline on recommendations, Ondansetron (Zofran) 8 mg #60 is not medically necessary.

Oxycodone HCL 15mg QTY: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): s 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone HCL 15 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain,

increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are disk disorder cervical; elbow pain; shoulder pain; cervical radiculopathy; depression with anxiety: entrapment neuropathy upper limb; and facet cervical syndrome. The date of injury is June 18, 2009. Request for authorization is dated January 8, 2015. According to a progress note dated October 10, 2012, the worker was taking Norco 10/325mg and Lactulose. According to an April 16, 2014 progress note, the treating provider prescribed Zofran, Oxycodone, Lactulose, and Mirilax. According to a February 9, 2015 progress note, the injured worker's subjective complaints included bilateral shoulder pain, arm pain, elbow pain, and neck pain with headaches. Pain has increased since the prior visit. Pain scale was 3/10 with medication. The documentation does not demonstrate objective functional improvement to support ongoing Oxycodone. There has been no attempt to wean Oxycodone. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Oxycodone and attempted weaning, Oxycodone HCL 15 mg #90 is not medically necessary.

Miralax powder packet 17gram QTY: 60.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a603032.html>.

Decision rationale: Pursuant to Medline plus, Miralax powder, packet #17 g, #60 is not medically necessary. Polyethylene glycol 3350 is used to treat occasional constipation. Polyethylene glycol 3350 is in a class of medications called osmotic laxatives. It works by causing water to be retained with the stool. This increases the number of bowel movements and softens the stool so it is easier to pass. In this case, the injured worker's working diagnoses are disk disorder cervical; elbow pain; shoulder pain; cervical radiculopathy; depression with anxiety: entrapment neuropathy upper limb; and facet cervical syndrome. The date of injury is June 18, 2009. Request for authorization is dated January 8, 2015. According to a progress note dated October 10, 2012, the worker was taking Norco 10/325mg and lactulose. According to an April 16, 2014 progress note, the treating provider prescribed Zofran, Oxycodone, Lactulose, and Miralax. According to a February 9, 2015 progress note, the injured worker's subjective complaints included bilateral shoulder pain, arm pain, elbow pain, and neck pain with headaches. Pain has increased since the prior visit. Pain scale was 3/10 with medication. The documentation does not demonstrate objective functional improvement to support ongoing Miralax. There is no clinical rationale for the use of two drug agents for constipation, Miralax, and Lactulose. Consequently, absent subjective improvement in constipation, clinical rationale for the use of two drugs (Miralax and Lactulose) taken concurrently and objective functional improvement with Miralax, Miralax powder, packet #17 g, #60 is not medically necessary.

