

<b>Case Number:</b>	CM15-0082386		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	02/10/2011
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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

Certification(s)/Specialty: Anesthesiology, 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 63 year old female, who sustained an industrial injury on 02/10/2011. She reported an injury to the bilateral wrists from daily repetitive work activities. The injured worker was diagnosed as having osteoarthritis unspecified and degenerative joint disease of the hand. Treatment to date has included right wrist / hand therapy, medications regimen and status post revision of right ulnar head replacement of the right upper extremity. In a progress note dated 03/19/2015 the treating physician reports complaints of persistent pain and minimal use of the right upper extremity at the dorsal, ulnar locations of the right hand. The IW was 3 months post surgery. It was noted that the IW was not able to attend hand therapy sessions for 6 weeks. The IW The maintenance medications listed are Naprosyn, ibuprofen, Codeine product, tramadol and hydrocodone. The treating physician requested injections with the medications of Acetaminophen, Succinylcholine Chloride, Cefazolin Sodium, Ondansetron HCL, Morphine Sulfate, Dexamethasone Sodium Phosphate, Fentanyl Citrate, Metoclopramide HCL, Hydromorphone and Ketorolac Tromethamine, but the documentation provided did not indicate the specific reason for these requested injectable medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acetaminophen injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines did not address the use of acetaminophen injections for the treatment of chronic musculoskeletal pain. The available medical records did not show the indication for the request of acetaminophen injections. The records show that the chronic pain is being treated with orally administered NSAIDs and opioid medications. There is compliance and functional restoration to the utilization of the orally administered pain medications. The criteria for the use of Acetaminophen injections was not met and is not medically necessary.

**Succinylcholine chloride injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://reference.medscape.com/drug/anectine-quelicin-succinylcholine-343102>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter and Other Medical Treatment Guidelines FDA Website.

**Decision rationale:** The CA MTUS and the ODG guidelines did not address the use of succinylcholine hydrochloride injections outside the peri-operative setting. The FDA listed indications for the use of succinylcholine is limited to the in-hospital, peri-operative and critical care setting. The records did not show the indication for the use of succinylcholine injection. The criteria for the use of succinylcholine injection was not met and is not medically necessary.

**Cefazolin Sodium injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mdconsult.com last updated 10/04/2009.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Extremity Hands.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that antibiotics can be utilized for the prevention and treatment of musculoskeletal infections. Prophylactic antibiotics is commonly utilized for the prevention of post operative infection. The records indicate that the patient is several months post operative upper extremity surgery. There is no documentation of wound infection. The criteria for the use of cefazolin sodium injection was not met and is not medically necessary.

**Ondansetron HCL injections: 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 Pain Procedure Summary Online Version last updated 4/6/15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the use of injectable anti-emetics be limited to acute care, peri-operative periods and for the treatment of chemotherapy induced intractable nausea and vomiting. The nausea and vomiting associated with orally administered chronic opioid medications is self limiting. The records did not show a history of nausea and vomiting disorder. The criteria for the use of ondansetron HCL injections was not met and is not medically necessary.

**Morphine Sulfate Injections: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines did not address the use of morphine sulphate injections for the treatment of chronic musculoskeletal pain. The available medical records did not show the indication for the request of morphine sulfate injections. The records show that the chronic pain is being treated with orally administered NSAIDs and opioid medications. There is compliance and functional restoration with the utilization of the orally administered pain medications. The criteria for the use of Morphine sulfate injections was not met and is not medically necessary.

**Dexamethasone Sodium Phosphate Injections: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mdconsult.com.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Upper extremity. Hands.

**Decision rationale:** The CA MTUS and the ODG guidelines have indications or the utilization of injectable and orally administered steroids for the treatment of musculoskeletal pain. The

records did not specify the indication for the utilization of dexamethazone injection. It was noted that the patient was responsive to medication and PT conservative treatments. The criteria for the use of dexamethasone sodium phosphate injections was not met and is not medically necessary.

**Fentanyl Citrate Injections: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain in general conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines did not address the use of Fentanyl citrate injections for the treatment of chronic musculoskeletal pain. The available medical records did not show the indication for the request of Fentanyl citrate injections. The records show that the chronic pain is being treated with orally administered NSAIDs and opioid medications. There is compliance and functional restoration to the utilization of the orally administered pain medications. The FDA website recommend that the use of Fentanyl citrate injections be limited to acute care setting because of the high risk of potentially fatal adverse effects. The criteria for the use of Fentanyl citrate injections was not met and is not medically necessary.

**Metoclopramide HCL Injections: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the use of injectable anti-emetics be limited to acute care, peri-operative periods and for the treatment of chemotherapy induced intractable nausea and vomiting. The nausea and vomiting associated with orally administered chronic opioid medications is self-limiting. The records did not show a history of nausea and vomiting disorder. The criteria for the use of Metoclopramide HCL injections was not met and is not medically necessary.

**Hydromorphone Injections: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain in general conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines did not address the use of hydromorphone injections for the treatment of chronic musculoskeletal pain. The available medical records did not show the indication for the request of hydromorphone injections. The records show that the chronic pain is being treated with orally administered multiple NSAIDs and opioid medications . There is compliance and functional restoration to the utilization of the orally administered pain medications. The FDA website recommend that the use of multiple injectable opioids be limited to acute care setting because of the high incidence of potentially fatal adverse effects. The criteria for the use of hydromorphone injections was not met and is not medically necessary.

**Ketorolac Tromethamine Injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation Pain Procedure Summary Online Version.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines did not recommend the use of injectable NSAIDs for the treatment of chronic musculoskeletal pain. The available medical records did not show the indication for the request of ketorolac injections. The records show that the chronic pain is being treated with orally administered NSAIDs and opioid medications. There is compliance and functional restoration to the utilization of the orally administered pain medications. The use of injectable NSAIDs in patients who are utilizing multiple orally administered NSAIDs is associated with increased risk of renal and severe bleeding disorders. The criteria for the use of ketorolac tromethamine injections was not met and is not medically necessary.