

Case Number:	CM13-0036938		
Date Assigned:	03/21/2014	Date of Injury:	03/29/2010
Decision Date:	04/30/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/22/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 chronic neck and back pain reportedly associated with an industrial injury of March 29, 2010. In a Utilization Review Report of September 18, 2013, the claims administrator approved a request for Naprosyn, approved a request for omeprazole, denied a request for ondansetron (Zofran), denied a request for Medrox, denied a request for Imitrex, denied a request for tramadol, and approved request for cyclobenzaprine 7.5 mg #120. Despite stating that only short-term usage of muscle relaxant was indicated, the claims administrator nevertheless approved a 120-tablet supply of cyclobenzaprine. Sumatriptan was denied on the grounds that the applicant did not clearly have migraine headaches. The outdated, renumbered MTUS 9792.20e citation was included, as were several non-MTUS ODG references. The applicant's attorney appealed the denial. In an earlier note of July 2, 2013, the applicant presented with multifocal neck, low back, knee, and wrist pain. The applicant was given diagnoses of cervical radiculopathy, lumbar radiculopathy, left-sided carpal tunnel syndrome, status post right carpal tunnel release and right knee medial meniscal derangement. It was stated that the applicant was planning to pursue a knee meniscectomy in a few days. Naprosyn, Prilosec, Zofran, Flexeril, tramadol, Levaquin, and Medrox were endorsed while the applicant was placed off of work, on total temporary disability. On August 20, 2013, the applicant was described as totally temporarily disabled following a knee meniscectomy procedure. It is incidentally noted that the claims administrator's denial of the medications stated that the medications were being denied in conjunction with date of service, August 19, 2013. On August 19, 2013, the attending provider described the applicant as status post recent knee arthroscopy, stated that the applicant was totally temporarily disabled, and stated that the applicant was considering a left carpal tunnel release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON ODT 8MG, #30 X2 (60), DOS: 8/19/13: Overturned

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 Food and Drug Administration (FDA) Ondansetron topic;
<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm>

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), ondansetron or Zofran is indicated in the treatment of nausea and vomiting caused by surgery. In this case, the applicant did seemingly undergo knee surgery at some point in the July-August 2013 timeframe. The exact date of the surgery has not been provided by the claims administrator and/or attending provider. Nevertheless, it does appear that the applicant underwent a knee arthroscopy immediately surrounding the date under review, August 19, 2013. Thus, temporary usage of Zofran for perioperative nausea and vomiting was indicated and appropriate. While this certification does not necessarily endorse long-term usage of Zofran and/or the two refills of Zofran proposed by the attending provider, partial certifications are not permissible through the independent medical review process. Thus, providing some Ondansetron for postoperative or perioperative nausea purposes is preferable providing no Ondansetron, whatsoever. Therefore, the request for Ondansetron ODT 8mg #60 DOS: 8/19/13 is medically necessary and appropriate.

MEDROX PATCH, #30 DOS: 8/19/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Topical Analgesics

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111, Postsurgical Treatment Guidelines.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence to intolerance to and/or failure of first-line oral pharmaceuticals which might make the case for usage of topical agents and/or topical compounds such as Medrox, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." The applicant is described as using multiple first-line oral pharmaceuticals, including Naprosyn, Flexeril, tramadol, etc., effectively obviating the need for Medrox. Accordingly, the request for Medrox Patch #30 DOS: 8/19/13 is not medically necessary and appropriate.

SUMATRIPTAN SUCCINATE 25MG, #9X2 (18), DOS: 8/19/13: 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 Physicians' Drug Reference (PDR), Imitrex; <http://www.pdr.net/drug-summary/imitrex-tablets?druglabelid=201>

Decision rationale: Again, the MTUS does not address the topic. As noted by the Physicians' Drug Reference (PDR), Sumatriptan or Imitrex is indicated in the treatment of acute migraine attacks with or without aura. In this case, however, the documentation on file, including the August 19, 2013 progress note, made no mention of any issues with migraine headaches. The applicant was described as having issues with neck pain, low back pain, carpal tunnel syndrome, and knee pain. The applicant did not seemingly have any ongoing issues with migraine headaches as of the date of the request. Therefore, the request for Sumatriptan Succinate tab. 25mg #18 DOS: 8/19/13 is not medically necessary and appropriate.

TRAMADOL HYDROCHLORIDE ER 150MG, #90, DOS: 8/19/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol section Page(s): 94, Postsurgical Treatment Guidelines.

Decision rationale: As of the date of the Utilization Report, August 19, 2013, the applicant was status post recent knee surgery and could reasonably have been expected to have postoperative pain issues as of that date. As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol is indicated for moderate-to-severe pain, as was present here, postoperatively/perioperatively. Therefore, the request for Tramadol Hydrochloride ER 150mg #90 DOS: 8/19/13 is medically necessary and appropriate.