

Case Number:	CM14-0122280		
Date Assigned:	08/06/2014	Date of Injury:	10/12/2010
Decision Date:	09/19/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/01/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 injured worker is a 37-year-old female who reported an injury on 10/12/2010 due to repetitive motion. The injured worker was diagnosed with other affections of shoulder region not elsewhere clarified, cubital tunnel syndrome, cervicgia, and lumbago. Prior treatments included 12 sessions of post-surgical physical therapy and steroid injections to the left cubital fossa which were performed on 03/18/2014. The injured worker underwent an EMG/NCV on 09/11/2013 to the bilateral upper extremities. The injured worker underwent a cubital tunnel release with ulnar nerve transposition and a medial epicondylar release on 06/13/2014. On 06/24/2014, the injured worker complained of constant pain to the left elbow that was aggravated by lifting, gripping, grasping, pushing, pulling, as well as torquing activities. The pain was characterized as burning. The injured worker stated her pain was improving and reported pain rated 6/10. The physician noted the elbow revealed a well healed surgical incision with some erythema and cellulitis around the surgical site, as well as some swelling. There was some stiffness due to immobilization. The physician noted the injured worker appeared in no acute distress. Her mood and affect were appropriate. The injured worker was prescribed Diclofenac sodium, Cyclobenzaprine HCL, Ondansetron ODT, Omeprazole Delayed Release, Tramadol HCL Extended Release, and Levofloxacin. The treatment plan was to refill medications and seek extra sessions of physical therapy. The physician was requesting Diclofenac sodium ER, Omeprazole, Ondansetron ODT, Cyclobenzaprine HCL, Tramadol ER, and Tevofloxacin. The physician's rationale was to alleviate the injured worker's complaints of discomfort. The Request for Authorization form was dated 04/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER (Voltaren SR) 100mg #120: Upheld

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

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren (Diclofenac Sodium ER), page 112. The Expert Reviewer's decision rationale: The request for Diclofenac sodium ER (Voltaren SR) 100 mg times 120 is not medically necessary. California MTUS Guidelines for Diclofenac indicate this medication is for the relief of osteoarthritis pain in joints. The injured worker has not been diagnosed with osteoarthritis. The physician is using this medication to control pain associated with cubital tunnel syndrome, cervicgia, lumbago, and shoulder region pain. The use of this medication for these diagnosed symptoms falls outside the MTUS Guidelines. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms and Cardiovascular Risk, page 68. The Expert Reviewer's decision rationale: The request for Omeprazole 20 mg 120 tablets is not medically necessary. California MTUS Guidelines for the use of omeprazole are that it is for patients with intermediate risk for gastrointestinal events. The injured worker has made no complaint of gastrointestinal symptoms, nor does she have a history of gastrointestinal events. The efficacy of the medication was not provided to support continuation and the frequency of the medication was not provided in the request as submitted. As such, the request is not medically necessary.

Ondansetron 8mg ODT #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) Antiemetics.

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

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Pain, Ondansetron. The Expert Reviewer's decision rationale: The request for Ondansetron 8 mg ODT 30 tablets is not medically necessary. ODG Guidelines for ondansetron do not recommend this medication for nausea and vomiting secondary to chronic opioid use. This medication is a recommended antiemetic for patients suffering from cancer pain. The injured worker presented no subjective complaint of nausea during her office visits. The use of this medication per ODG Guidelines is not recommended. The efficacy of the medication was not provided to support continuation and the frequency of the medication was not provided in the request as submitted. As such, the request is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Cyclobenzaprine.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, page 41-42 and on the Non-MTUS Official Disability Guidelines (ODG), Pain, Cyclobenzaprine. The Expert Reviewer's decision rationale: The request for Cyclobenzaprine Hydrochloride 7.5 mg 120 tablets is not medically necessary. California MTUS Guidelines for Cyclobenzaprine recommend this medication for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. ODG Guidelines for Cyclobenzaprine recommend a course of treatment of 2 weeks for symptom improvement in low back pain, and it is associated with drowsiness and dizziness. The injured worker did not indicate pain or spasm to the lower back; her chief complaint was elbow pain. The efficacy of the medication was not provided to support continuation and the frequency of the medication was not provided in the request as submitted. As such, the request is not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-79.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids, On-going Management, pages 78-79. The Expert Reviewer's decision rationale: The request for Tramadol ER 150 mg 90 tablets is not medically necessary. California MTUS Guidelines for opioids and their ongoing management note "prescriptions from a single provider should be administered. Medication should be taken as directed, and all prescriptions should come from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. The physician should practice the 4 A's of ongoing monitoring, which include the 4 A's known as analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. There should be use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There should be documentation of misuse of medications, as well as continuing review of overall situation with regard to non-opioid means of pain control. Consideration of a consultation with a multidisciplinary pain clinic should be conducted if doses of opioids required beyond what is usually required for the condition or if the condition or pain does not improve on opioids in 3 months." The physician notes in a Request for Authorization form dated 07/14/2014 that tramadol ER will be prescribed once a day as needed for severe pain. The quantity requested would potentially exceed the 3 month window established by MTUS Guidelines. Furthermore, the established use of drug screening has not implemented by the physician, nor have the 4 A's of ongoing management been implemented. A pain management contract related to the use of these opioids was not initiated by the physician. As such, the request is not medically necessary.

Levofloxacin 750mg #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) Infectious Diseases Procedure Summary last updated 2/21/14.

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

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Infectious Disease, Levofloxacin. The Expert Reviewer's decision rationale: The request for Levofloxacin 750 mg 30 tablets is not medically necessary. ODG Guidelines for the use of levofloxacin recommends this medication as a first line treatment for osteomyelitis, chronic bronchitis, and pneumonia. The use of this medication is being recommended post-surgically. There were no signs of infection or upper respiratory difficulties reported by the injured worker or noted by the physician during his office visit on 06/24/2014. The request for this medication and its use would fall outside of ODG Guidelines' use for levofloxacin. As such, the request is not medically necessary.