

<b>Case Number:</b>	CM14-0167994		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 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 wrist pain, elbow pain, and upper extremity pain reportedly associated with cumulative trauma at work first claimed on August 27, 2013. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; wrist bracing; unspecified amounts of physical therapy over the course of the claim; unspecified amounts of acupuncture over the course of the claim; initial return to regular work; and corticosteroid injection therapy. In a Utilization Review Report dated September 16, 2014, the claims administrator approved a request for Fenoprofen, denied a request for Prilosec, denied a request for Ondansetron (Zofran), denied a request for Tramadol, and conditionally denied a request for Cyclobenzaprine. The applicant's attorney subsequently appealed. In an April 1, 2014 progress note, the applicant was described as working regular duty work despite ongoing complaints of 7-8/10 wrist and elbow pain. Additional acupuncture was sought. By August 20, 2014, the applicant apparently transferred care to a new primary treating provider. Authorization was sought for an elbow epicondylar release surgery. Work restrictions were endorsed. It was not stated whether the applicant was still working as of that point in time. On September 1, 2014, the applicant received prescriptions for Fenoprofen, Cyclobenzaprine, Zofran, Prilosec, and Tramadol through a preprinted prescription form. It was not clearly stated whether these were first time requests or renewal requests. No rationale accompanied the request for authorization. On October 20, 2014, the applicant again reported ongoing complaints of wrist and elbow pain, exacerbated by repetitive motion. The applicant was asked to return to modified duty work. It was stated that the applicant had received authorization for elbow epicondylar release surgery. The attending provider stated that the applicant should, however, concurrently undergo a right-sided carpal tunnel release surgery at the same time. The attending provider stated that he was

refilling medications under separate cover. There was no explicit discussion on medication or selection of medication efficacy.

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

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

#### **120 Omeprazole 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the progress notes, referenced above, contained no explicit reference to issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request for Omeprazole is not medically necessary.

#### **30 Ondansetron 8mg ODT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Ondansetron Medication Guide

**Decision rationale:** While the MTUS did not address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. Here, however, the attending provider did not state for what purpose Ondansetron (Zofran) was being employed. Therefore was no mention of any active issues with nausea or vomiting present on or around the dates in question. There was no mention of the applicant having had any recent cancer chemotherapy, radiation therapy, and/or surgery. While several of the applicant's providers commented that the applicant was considering an elbow epicondylar release surgery, there is no concrete evidence to the effect that the applicant actually underwent the surgery in question and/or was scheduled to undergo the surgery in question. Therefore, the request for usage of Ondansetron here, thus, amounted to non-FDA labeled usage of the same for an unspecified purpose. Therefore, the request is not medically necessary.

#### **90 Tramadol ER 150mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, it appears that the applicant has returned to work. However, the attending provider's progress notes, referenced above, contained no explicit reference to or discussion of quantifiable decrements in pain and/or any material improvements in function achieved as a result of ongoing Tramadol usage. None of the progress notes, referenced above, contained any explicit discussion or reference to whether or not ongoing usage of Tramadol was, in fact, beneficial here. Therefore, the request is not medically necessary.