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| Case Number: | CM14-0168540 | | |
| Date Assigned: | 10/16/2014 | Date of Injury: | 12/02/2011 |
| Decision Date: | 12/18/2014 | UR Denial Date: | 09/30/2014 |
| Priority: | Standard | Application Received: | 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 Family 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:

This is a 55 yr. old female claimant who sustained a work injury on 2/26/59 involving the wrists and elbows. She was diagnosed with cubital tunnel syndrome, carpal tunnel syndrome and medial epicondylitis. She had undergone surgery for her right hand. The Progress note on August 28, 2014 indicated the claimant had 8/10 right elbow pain. Examination was notable for tenderness in the left elbow as well as painful range of motion. The claimant was continued on Fenoprofen for pain, Cyclobenzaprine for muscle spasms, Odansetron for medication related nausea, Omeprazole for G.I. symptoms related to medications, Tramadol for pain relief and Levaquin to avoid any postoperative infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium (Nalfon) 400mg #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 Page(s): 67.

Decision rationale: According to the MTUS guidelines, NSAIDs are recommended a second line treatment after Tylenol for a acute exacerbation of back pain. It is indicated at the lowest dose

for the shortest period of time for those with moderate severe osteoarthritis. In this case there is no indication of osteoarthritis for back pain. The claimant also had medication related nausea and gastrointestinal symptoms. Pain response to medication or functional improvement was not noted. The Fenoprofen is not medically necessary.

Omeprazole delayed-release capsules 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 NSAID Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Omeprazole is not medically necessary

Ondansetron ODT tablets 8mg #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), Pain Procedure Summary, Mosby's Drug Consult

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

Decision rationale: According to the ODG guidelines, anti-emetics are not recommended for nausea or vomiting secondary to opioid use. Ondansetron is approved for nausea due to chemotherapy or post-operative use. The claimant did not have the above diagnoses or clinical indications. The Ondansetron is not medically necessary

Tramadol Hydrochloride 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 Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as Acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain.

Although it may be a good choice in those with back pain, there is limited evidence for its use in arm related pain. He had exceeded the maximum recommended daily dose of 300mg. The continued use of Tramadol ER as above is not medically necessary.

Cyclobenzaprine Hydrochloride tablets 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

Decision rationale: According to the MTUS guidelines , Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been given Cyclobenzaprine in a frequent dosing for over a month. Continued use 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, Sanford Guide to Antimicrobial Therapy 2013, 43rd Edition, Pages 192-196 Table 15B: Antibiotic Prophylaxis to Prevent Surgical Infections in Adults.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: IDSA and National Guidelines -2014for Antibiotic Prophylaxis

Decision rationale: Although antibiotics are appropriate for prophylaxis around the peri-surgical timeframe, they are not required for a month post-operatively for low risk procedures. In this case, the surgical procedure was not complicated and did not require 30 days of antibiotic prophylaxis. As such the request is not medically necessary and appropriate.