

<b>Case Number:</b>	CM14-0095137		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 34 year-old individual was reportedly injured on December 11, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 14, 2014, indicates that there are ongoing complaints of wrist pain. The physical examination demonstrated positive Tinel's, positive Phalen's, numbness in the digits. Diagnostic imaging studies objectified were not presented. Previous treatment includes a surgical carpal tunnel release. A request had been made for multiple medications and was not certified in the pre-authorization process on June 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

**Decision rationale:** As outlined in the MTUS, this medication is intended for the treatment of gastroesophageal reflux disease. This also can be used for a gastric protectorate against certain medications. However, the progress notes presented for review do not indicate there are any

gastric complaints. When considering the date of injury, the mechanism of injury, the multiple interventions and the lack of any complaints there is no clinical evidence presented of a medical necessity for the continued uses preparation. Therefore, request for Omeprazole 20mg, #120 is not medically necessary.

**Ondansetron ODT 8mg, #60:** 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 Official Disability Guidelines (ODG) pain chapter

**Decision rationale:** It is noted that this medication is not addressed in either the MTUS or ACOEM guidelines. The parameters noted in the ODG are applied. This medication has been approved for nausea vomiting tickler to chemotherapy, radiation treatment and postoperatively. The progress notes presented did not indicate any complaints of nausea or vomiting. As such, there is no medical necessity for Ondansetron ODT 8mg, #60.

**Tramadol HCL 150mg, #90.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127..

**Decision rationale:** When noting the date of injury, the mechanism of injury, the multiple complaints outlined tempered by the response to this medication there is no data presented demonstrating any efficacy or utility for this analgesic. As outlined in the MTUS this is a synthetic opioid metastatic first-line treatment. It is also noted that continuous use should include documentation of functional improvement with the utilization of this medication. Seeing none, the medical necessity for Tramadol HCL 150mg, #90 is not established.

**Medrox ointment 120grams, #2.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

**Decision rationale:** As outlined in the MTUS, this is a topical compounded preparation including methyl salicylate, menthol, and capsaicin. The MTUS also notes that such topical analgesics are largely experimental and there has been few randomized controlled trials to demonstrate their efficacy. Furthermore, the progress notes do not indicate any improvement in

the overall clinical situation with the use of this topical medication. Based on a lack of objectified clinical information to support the efficacy the necessity of this preparation is missing. Therefore, this request is not medically necessary.