

<b>Case Number:</b>	CM13-0027121		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	01/01/2000
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Neurological Surgery

### 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 50-year-old female, who sustained an industrial injury on 6/1/00. She reported increased neck, right shoulder and left elbow pain. The injured worker was diagnosed as having cervicothoracic spine strain with degenerative disc disease, bilateral shoulder and elbow pain and depression, anxiety and sleep difficulty. Treatment to date has included bilateral carpal tunnel repair (only documented treatment included with records). (EMG) Electromyogram studies performed on 6/14/13 revealed mild right carpal tunnel syndrome, mild left ulnar motor neuropathy at elbow and no evidence of left carpal tunnel syndrome. Currently, the injured worker complains of pain in neck with radiation to bilateral shoulders, she reports some numbness and stiffness as well as crepitus; pain in right shoulder and pain in left elbow described as sharp, burning and achy with numbness and tingling of elbow. Physical exam noted normal gait and restricted range of motion of cervical spine. The treatment plan included multilevel cervical decompression and fusion; a request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Unknown postop DME: 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), Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter (Updated 5/5/15)-Durable Medical equipment (DME).

**Decision rationale:** The ODG guidelines do recommend durable medical equipment if there is a medical need and the device or system meets Medicare's definition of DME. The documentation does not contain evidence that the request meets the Medicare's definition. The documentation does not contain evidence of medical need. The requested treatment: Associated surgical service: Unknown postop DME is NOT Medically necessary and appropriate.

**Associated surgical service: Unknown prescription of post-operative medication: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 24.

**Decision rationale:** The California MTUS guidelines recommend that the Pain be documented as to its location, character and radiation. The documentation does not give this evidence. The guidelines also recommend the specific limitation of motion and function be noted as well as weakness, paresthesias and the psychological and behavioral reaction of the patient. Documentation does not contain this evidence. The requested treatment: Associated surgical service: Unknown prescription of post-operative medication is NOT Medically necessary and appropriate.

**Associated surgical service: Cyclobenzaprine Hydrochloride tablets 7.5mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine and Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants-cyclobenzaprine Page(s): 64.

**Decision rationale:** The California MTUS guidelines do recommend cyclobenzaprine for a short course of therapy. It is not recommended for chronic use. The guidelines note that it can be increased to 30 mg a day. The requested treatment: Associated surgical service: Cyclobenzaprine Hydrochloride tablets 7.5mg #120 is NOT Medically necessary and appropriate.

**Associated surgical service: Ondansetron ODT tablets 8mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Society of Obstetricians and Gynecologists of Canada. Guideline for the management of postoperative nausea and vomiting. J Obstet Gynaecol Can 2008 Jul; 30(7): 600-7.

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

**Decision rationale:** The ODG guidelines do not recommend ondansetron for nausea and vomiting secondary to opioid use. It has been used in patients undergoing chemotherapy. The documentation does not provide evidence as to why the patient should receive this medication. The requested treatment Associated surgical service: Ondansetron ODT tablets 8mg #60 is NOT Medically necessary and appropriate.

**Associated surgical service: Tramadol Hydrochloride ER capsules 150mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) and Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113, 75.

**Decision rationale:** The California MTUS guidelines do not recommend Tramadol as a first line oral analgesic in the treatment of pain. The guidelines note that Tramadol has been used to treat neuropathic pain as a non-opioid analgesic. They note that opioids are not generally recommended as first-line therapy for neuropathic pain, either. The requested Treatment: Associated surgical service: Tramadol Hydrochloride ER capsules 150mg #90 is NOT Medically necessary and appropriate.