

<b>Case Number:</b>	CM14-0217658		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 46 year old female who sustained a work related injury March 1, 2012. Past history included bilateral carpal tunnel syndrome with right carpal tunnel release 1/31/2013 and left carpal tunnel surgery 11/29/2012. According to a primary treating physician's progress report dated November 24, 2014, the injured worker presented for right upper extremity repetitive strain injury. Pain range is 5-9/10 worse with driving, cleaning and writing and improves with rest and medications. Current medications include Voltaren Transdermal Gel, Gabapentin, Zofran, Deplin, Duloxetine, Cymbalta, Hydrocodone-Acetaminophen, and Oxycodone-Acetaminophen. Physical examination reveals Tinel's at the right cubital tunnel; grossly positive elbow flexion test with some concordant pain, numbness and tingling into the right palm, 4th and 5th fingers with difficulty bending the 5th finger as usual. Manual testing shows diminished pinch and grip on the right, 5/5 left; Jamar testing right affected side 1 pound; budges needle in calibration box, gait is normal. Diagnoses include bilateral carpal tunnel syndrome; trigger finger release; bilateral neuritis; cervical strain, and cubital tunnel syndrome. Treatment plan includes authorization for a Functional Restoration program, new request for MRI right elbow to rule out cubital tunnel neural fibrosis, and Zofran. Work status documented as permanent and stationary. Of note, both the IMR and request to UR reveal the request as MRI of the left elbow. According to utilization review performed December 11, 2014, the request for a Functional Restoration Program is non-certified. Citing MTUS ACOEM Guidelines, the injured worker remains under active treatment for medical conditions. There is no indication that all levels of care have been exhausted and no clear rationale documented for a functional

restoration program at this time. The request for Ondansetron is non-certified. Citing Official Disability Guidelines (ODG) Ondansetron (Zofran) is not recommended for use as an anti-emetic for nausea and vomiting secondary to chronic opioid use. It is recommended to evaluate other etiologies when nausea and vomiting is prolonged. It is noted the injured worker has been using opioids for over a year. The request is not consistent with ODG recommendations. The request for MRI of the left elbow is non-certified. Citing MTUS ACOEM Guidelines, patients with limitations of activity after 4 weeks and unexplained physical findings such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and revise the treatment strategy if appropriate. It is not clear why a left elbow MRI's needed in the absence of any subjective left elbow complaints or physical exam findings. The notes reviewed refer to right elbow and ulnar nerve issues with no mention of left. Therefore the request is not medically necessary.

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

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

**MRI of left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

**Decision rationale:** As per ACOEM guideline, imaging studies should be ordered in event of 'red flag' signs of symptoms, signs of new dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. There is no history or exam consistent with the above criteria. Patient does not have any L elbow complaints and there is no documented rationale for request. MRI of L elbow is not medically necessary.

**Functional restoration program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs(functional restoration programs) Page(s): 30-32.

**Decision rationale:** As per MTUS Chronic pain guidelines certain criteria should be met before recommendation to a program. It requires: A functional baseline testing to measure baseline improvement; Meets criteria. Failure of prior chronic pain treatment; Fails criteria. There is no proper documentation of prior chronic management plan or conservative therapy attempted prior to FRP request. Statement by treating provider that patient has failed care is not enough to meet criteria. Loss of function due to pain; Meet criteria. Not a candidate for surgery; Meets criteria. Motivation to change; Fails criteria. There is no documentation of patient's motivation or mental status concerning functional program. There is no documentation of long term plan for such a

program. There is no documentation by provider if patient is still working. Negative predictors for success have been addressed; Fails criteria. There is no appropriate documentation of review of negative predictors for success. Patient has yet to fail conservative therapy and rationale of "recommended by [REDACTED]" is an invalid justification for FRP. Functional Restoration Program is not medically necessary.

**Ondansetron:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain(chronic)

**Decision rationale:** There are no relevant sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. Ondansetron is an anti-nausea medication. As per Official Disability Guide(ODG), anti emetics should only be used for short term nausea associated with opioids. Long term use is not recommended. Documentation notes subjective complaints of nausea but patient has been on zofran for at least 3months. If patient has continued nausea from oral opioids, that should be weaned or switched. Chronic use of zofran is not recommended. Ondansetron is not medically necessary.