

Case Number:	CM15-0002617		
Date Assigned:	01/13/2015	Date of Injury:	02/14/2014
Decision Date:	03/30/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/06/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 female patient, who sustained an industrial injury on 02/14/2014. A primary treating office visit dated 11/26/2014 reported the patient with subjective complaint of right upper arm, forearm, hand and wrist pain. The pain is described as constant, sharp, throbbing, burning, numbing, tingling, cramping and shooting in character. She rated the pain a 6 at rest and an 8 with activities out of 10 in intensity. The pain is also noted with radiation to right arm and wrist and is associated with weakness, numbness, giving way and swelling. Physical examination of the right wrist showed surgical scar, tenderness and swelling over the palmar aspect. Phalen's sign noted with positive findings at the median nerve. Manual muscle testing showed 4 out of 5 strength with dorsiflexion, palmar flexion, radial deviation and ulnar deviation. The range of motion was restricted due to pain. She is diagnosed with right hand wrist derangement and status post carpal tunnel release. The patients noted having reached maximal medical improvement. On 12/28/2014 Utilization Review non-certified a request for the following medications; Naproxen sodium, Ondansetron, Pantoprazole and Tramadol Hydrochloride ER, noting the CA MTUS, Chronic Pain, Opioids, NSAIDS and the Official Disability Guidelines Ondansetron were cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550 MG # 60: Upheld

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

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

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but does not report response to acetaminophen. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type if there is failure to respond to acetaminophen. As such the medical records provided for review do not support the use of naproxen for the insured as there is no indication of persistent pain despite acetaminophen trial.

ONDANSETRON ODT 4 MG # 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation physician desc reference - Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT3 receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

Decision rationale: The medical records do not support ondansetron for nausea related to medication. Ondansetron is supported in relation to cancer treatment condition. As the medical records do not indicate such condition, the treatment is not supported in this setting.

PANTOPRAZOLE DELAYED RELEASE 20 MG # 60: Upheld

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

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

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition. The medical records report no history of any GI related disorder. As such the medical records do not support a medical necessity for pantoprazole in the insured.

TRAMADOL HCI ER 150 MG # 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - opioids

Decision rationale: The medical records provided for review indicate pain in the neck with reported ongoing use of NSAID to treat the pain. However, the medical records do not indicate specific pain assessment using validated instruments to review functional ability or include opioid risk mitigation tools. MTUS supports the use of opioid as secondary line of treatment of pain that has failed other therapy and for whom opioid risk assessment and functional evaluation for determining response to treatment has been established. As such the medical records provided for review does not support treatment of ultram at this time.