

<b>Case Number:</b>	CM15-0126761		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 was a 28 year old female, who sustained an industrial injury, April 9, 2010. The injured worker previously received the following treatments injection to the first extensor, right epicondyle injection, Norco and Zofran. The injured worker was diagnosed with carpal tunnel syndrome by MRI negative by EMG/NCS (electrodiagnostic studies and nerve conduction studies), wrist joint inflammation on the right status post injection along the first extensor compartment, epicondylitis on the right status post one injection, chronic pain due to inactivity, element of depression, sleep and weight gain of 100 pounds, discogenic cervical; condition with negative MRI but loss of lordosis, brachial plexus irritation. According to progress note of May 18, 2015, the injured worker's chief complaint was numbness in the upper extremities, especially when sleeping. The neck pain came and went. There was pain in the elbows and wrists. The pain was described as stabbing, sharp pain, again with the numbness and tingling. The injured worker continued to have headaches. The injured worker reported the Zofran had been helpful with the nausea and Norco for the pain. The injured worker was provided with a TENS (transcutaneous electrical nerve stimulator) unit, hinged brace and pad at this visit. The physical exam noted tenderness along the paraspinal muscles, trapezius and shoulder girdle. There was also pain along the facets and pain with facet loading. There was pain along both elbows at the medial greater than later epicondyle. The treatment plan included prescriptions refills for Norco and Zofran.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are carpal tunnel syndrome documented by MRI with negative nerve studies; epicondylitis right elbow; wrist joint inflammation first extensor compartment; depression, sleep and weight gain; discogenic cervical condition with negative MRI but loss of lordosis; and brachial plexus irritation. Date of injury is April 9, 2010. Request for authorization is dated May 26, 2015. The medical record contains 11 pages. There is a single progress note in the medical record dated May 18, 2015. Subjectively, the injured worker complains of numbness in the bilateral upper extremities, neck pain and wrist pain. The documentation states Norco was filled May 13, 2015. The injured worker is requesting another prescription (May 18, 2015). The Norco start date is unspecified based on the volume of medical records (11 pages). There were no pain assessments or detailed risk assessments in the medical record. There is no documentation demonstrating objective functional improvement. There is no documentation of attempted opiate weaning. The treatment plan indicates a new prescription (refill) for Norco 10/325 mg #120 was provided to the injured worker. Consequently, absent clinical documentation with objective functional improvement, risk assessments, detailed pain assessments and attempted weaning, Norco 10/325mg #120 is not medically necessary.

**Zofran 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), Antiemetics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antiemetics.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Ondansetron (Zofran) 8 mg #30 is not medically necessary. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and gastroenteritis. In this case, the injured worker's working diagnoses are carpal tunnel syndrome documented by MRI with negative nerve studies; epicondylitis right elbow; wrist joint inflammation first extensor compartment; depression, sleep and weight gain; discogenic cervical condition with negative MRI but loss of lordosis; and brachial plexus irritation. Date of injury is April 9, 2010. Request for authorization is dated May 26, 2015. The medical record contains 11 pages. There is a single progress note in the medical record dated May 18, 2015. Subjectively, the injured worker complains of numbness in the bilateral upper extremities, neck pain and wrist pain. The documentation states Norco was filled May 13, 2015. The injured worker is requesting another prescription (May 18, 2015). The Norco start date is unspecified based on the volume of medical records (11 pages). Zofran was prescribed for nausea secondary to opiate use. The start date for Zofran is not specified in the medical record. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and gastroenteritis. Zofran is not clinically indicated for opiate induced nausea and vomiting. Consequently, absent clinical documentation of nausea and vomiting secondary chemotherapy and radiation treatment; postoperative use; and gastroenteritis, Ondansetron (Zofran) 8 mg #30 is not medically necessary.