

Case Number:	CM15-0127049		
Date Assigned:	07/13/2015	Date of Injury:	07/10/2013
Decision Date:	08/20/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/01/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 42-year-old female, who sustained an industrial injury on 7/10/2013. Diagnoses include cervicgia, joint derangement NOS shoulder and carpal tunnel syndrome. Treatment to date has included diagnostics, medications and physical therapy. Per the Primary Treating Physician's Progress Report dated 4/27/2015 the injured worker reported worsening constant pain in the cervical spine with radiation to the upper extremities rated as 9/10, constant pain in the right shoulder rated as 8/10, and constant pain in the right wrist/hand/long finger rated as 7/10 and unchanged. Physical examination of the cervical spine revealed palpable paravertebral muscle tenderness with spasm and limited range of motion with pain. Examination off the shoulder revealed tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement signs were positive. Examination of the wrist/hand revealed tenderness over the volar aspect of the wrist and dorsal distal aspect of right long finger with swelling. There was a positive palmar compression test with subsequent Phalen's maneuver and a positive Tinel's over the carpal canal. The plan of care included medication management and authorization was requested for Nabumetone, Lansoprazole, Ondansetron, Cyclobenzaprine, Tramadol ER and Sumatriptan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8 mg, thirty count: 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), Pain Chapter.

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

Decision rationale: There is no documentation that the patient is suffering nausea or vomiting due to any of the approved indications for ondansetron. Current approved indications include nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. Ondansetron not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron 8 mg, thirty count is not medically necessary.

Cyclobenzaprine hydrochloride 7.5 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Cyclobenzaprine hydrochloride 7.5 mg, 120 count is not medically necessary.

Tramadol ER 150 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. Tramadol ER 150 mg, ninety count is not medically necessary.

Sumatriptan succinate 25 mg, nine count with two refills: 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) Head, Triptans.

Decision rationale: The Official Disability Guidelines recommend triptans for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. Although triptans are recommended in the Official Disability Guidelines, the medical records do not indicate that the patient's headaches are migraine in origin, or that migraines are a contributor to the occupational injury. Sumatriptan succinate 25 mg, nine count with two refills is not medically necessary.