

<b>Case Number:</b>	CM15-0025916		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	10/13/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 54 year old female who sustained an industrial injury on 10/13/14 involving her left ankle. She currently complains of constant left ankle pain that is dull and throbbing. The pain intensity is 7/10. Medications include gabapentin, duloxetine and Morphine Sulfate. Treatments to date include physical therapy which injured worker indicates is not helping, assistive devices as prescribed. Diagnosis is ankle sprain, rule out left ankle derangement; diabetes. Diagnostics included left ankle x-ray, which was normal. In the progress note dated 12/16/14 the treating provider recommended electromyography/ nerve conduction studies of bilateral lower extremities to rule out neural entrapment; ondansetron, omeprazole, cyclobenzaprine as oral pharmaceuticals are first line palliative method and physical therapy. On 1/12/15 Utilization review non-certified the requests for: Ondansetron 8 mg Qty 30, Right Lower Extremity electromyography, Right Lower Extremity nerve conduction velocity, Omeprazole 20 MG Qty 120, Cyclobenzaprine, Hydrochloride 7.5 MG Qty 120 and Left Ankle Physical Therapy Qty 12. Citing ODG: Pain; MTUS: Electromyography and Nerve Conduction Studies; MTUS: Chronic pain Medical Treatment Guidelines; MTUS: Chronic pain Medical Treatment Guidelines; MTUS: Chronic pain Medical treatment Guidelines: Physical Medicine respectively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8 MG Qty 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 [www.drugs.com/zofran](http://www.drugs.com/zofran).

**Decision rationale:** This 54 year old male has complained of left ankle pain since date of injury 10/13/14. He has been treated with physical therapy and medications. The current request is for Ondansetron. Per the reference cited above, Zofran is a medication used to treat nausea and/or vomiting due to surgical procedures or treatment for cancer (chemotherapy or radiation). There is no documentation in the available medical records that a recent surgery has been performed or that cancer treatment has been provided. On the basis of these lack of medical findings, Zofran is not indicated as medically necessary.

**Right Lower Extremity EMG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-377.

**Decision rationale:** This 54 year old male has complained of left ankle pain since date of injury 10/13/14. He has been treated with physical therapy and medications. The current request is for right lower extremity EMG. Per the ACOEM guidelines cited above, EMG is not recommended in the evaluation of ankle pain. Additionally, the available provider records do not provide a rationale for obtaining an EMG of the right lower extremity. On the basis of the available provider documentation and per the guidelines cited above, EMG of the right lower extremity is not indicated as medically necessary.

**Right Lower Extremity NCV:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-377.

**Decision rationale:** This 54 year old male has complained of left ankle pain since date of injury 10/13/14. He has been treated with physical therapy and medications. The current request is for NCV of the right lower extremity. Per the ACOEM guidelines cited above, EMG is not recommended in the evaluation of ankle pain. Additionally, the available provider records do not provide a rationale for obtaining a NCV of the right lower extremity. On the basis of the

available provider documentation and per the guidelines cited above, NCV of the right lower extremity is not indicated as medically necessary.

**Omeprazole 20 MG Qty 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

**Decision rationale:** This 54 year old male has complained of left ankle pain since date of injury 10/13/14. He has been treated with physical therapy and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.

**Cyclobenzaprine Hydrochloride 7.5 MG Qty 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** This 54 year old male has complained of left ankle pain since date of injury 10/13/14. He has been treated with physical therapy and medications to include Cyclobenzaprine for at least 2 months duration. The current request is for Cyclobenzaprine. Per MTUS guidelines, treatment with Cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of Cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, Cyclobenzaprine is not considered medically necessary for this patient.

**Left Ankle Physical Therapy Qty 12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** This 54 year old male has complained of left ankle pain since date of injury 10/13/14. He has been treated with medications and physical therapy, six sessions thus far. The

current request is for left ankle physical therapy, qty 12. Per the MTUS guidelines cited above, 9-10 visits for physical therapy over a period of 8 weeks are recommended for the treatment of myalgia and myofascial pain. The submitted medical documentation indicates that the patient has already had 6 sessions of passive physical therapy. On the basis of the MTUS guidelines and available medical documentation, an additional 12 sessions of passive physical therapy is not indicated as medically necessary.