

Case Number:	CM15-0094538		
Date Assigned:	05/20/2015	Date of Injury:	12/04/2013
Decision Date:	07/07/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/15/2015

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: Family Practice

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 63 year old female, who sustained an industrial injury, December 4, 2013. The injured worker previously received the following treatments Fenoprofen, Omeprazole, Ultram, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities, left elbow MRI, left wrist MRI and physical therapy. The injured worker was diagnosed with clinical left cubital/Guyon canal syndrome, clinical left carpal tunnel syndrome, de Quervain's tenosynovitis and left first CMC arthrosis, left thumb and long trigger finger and right carpal tunnel syndrome and de Quervain's syndrome. According to progress note of March 11, 2015, the injured workers chief complaint was persistent pain of the left elbow, wrist and hand. The injured worker had constant bilateral elbow pain left worse than the right. The pain was aggravated by lifting, gripping, grasping, pushing and torqueing activities. The pain was characterized as throbbing. The pain was rated at 8 out of 10. The injured worker had left thumb and ring finger locking. There was constant pain in both wrists, left greater than the right that radiated into the hands and fingers. The pain was rated at 8 out of 10. The injured worker had cervical neck pain that was aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and worker above the shoulder level. The pain was characterized as sharp with radiation into the upper extremities. The pain was rated at 7 out of 10. The right shoulder was aggravated by forward reaching, lifting, pushing, pulling and working at or above the shoulder level. The pain was rated at 5 out of 10. The physical exam of the cervical spine noted tenderness with palpation of the paravertebral muscles with spasms. The Spurling's maneuver was positive. The range of motion was limited due to pain. There was numbness and

tingling into the anterior shoulder and arm, forearm, hand and greatest over the thumb and in the middle finger which correlates with the C5-C6, C6-C7 dermatome pattern. Inspection of the left upper extremity was positive for the Tinel's sign at the elbow, wrist and Guyon canal. The grind test was positive. There was full range of motion with pain. The right shoulder was positive for the palmar compression test and subsequent Phalen's test, consistent with de Quervain's syndrome. There was full range of motion with pain. There was right shoulder tenderness around the anterior glenohumeral region and subacromial space. The Hawkin's and impingement signs were positive. There was reproducible symptomatology with internal rotation and forward flexion. The treatment plan included prescriptions for Fenopufen, Omeprazole, Ondansetron, Cyclobenzaprine and Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenopufen calcium 400 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 64, 102-105, 66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Fenopufen with calcium is not medically necessary.

Omeprazole 20 mg #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 & cardiovascular risk Page(s): 68-69 of 127.

Decision rationale: In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered. The guidelines state, "Recommend with precautions as indicated. Clinicians should weight the indications for NSAIDS against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of

ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." This patient does not have any of these gastrointestinal or cardiovascular risk factors. Likewise; this request for Omeprazole is not medically necessary.

Ondansetron 8 mg ODT #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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2015 ODG Online edition. Ondansetron.

Decision rationale: The California MTUS guidelines do not address the usage of Ondansetron. Likewise, the ODG guidelines were utilized in making this determination. The ODG guidelines state that Zofran is FDA approved for gastroenteritis, chemotherapy and radiation induced nausea and vomiting, and in the immediate postoperative period. Records do not indicate that this patient has any of the aforementioned conditions. Likewise, this request for Zofran is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity/Anti-spasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Cyclobenzaprine is not medically necessary.

Tramadol ER 150 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80 of 127.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: "(a) If the patient has returned to work; (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being

upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. There is also no documentation of a recent drug screen or of a signed pain management contract. Likewise, this requested chronic narcotic pain medication is not medically necessary.