

Case Number:	CM13-0001297		
Date Assigned:	05/02/2014	Date of Injury:	10/06/2003
Decision Date:	06/10/2014	UR Denial Date:	06/30/2013
Priority:	Standard	Application Received:	07/12/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49 year old male who was injured on 10/06/2003. Mechanism of injury is unknown. Prior treatment history has included the patient having had transforaminal epidural steroid injection at bilateral L4-S1 level on 06/01/2012. Progress note dated 05/09/2013 documented the patient with complaints of pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing and walking multiple blocks. She has bilateral shoulder pain that is aggravated by forward reaching, lifting, pushing, pulling and working at or above the shoulder level. Objective findings on examination of bilateral shoulders reveal a well healed right shoulder scar. There is tenderness at the shoulder anteriorly. There is pain with terminal motion. Examination of the lumbar spine reveals tenderness from the mid to distal lumbar segments. There is pain with terminal motion. Seated nerve root test is positive. There is dysesthesia at the L5 and S1 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 5/9/13) FOR 120 OMERPRAZOLE 20MG: 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): (s) 68-69.

Decision rationale: This is a request for omeprazole for a 49 year old male with chronic pain from a 10/6/03 injury. The patient does not appear to be at intermediate or high risk of GI events from NSAID use. The patient is taking an NSAID on a chronic basis without documentation of significant clinical improvement in terms of pain or function. NSAIDs are recommended for short-term use at the lowest dose possible. Long-term efficacy is not clearly established. The patient reportedly has had acid reflux and GI upset secondary to ketoprofen use. Ketoprofen cessation is recommended given lack of clear benefit, therefore, omeprazole is not medically necessary.

RETROSPECTIVE REQUEST (DOS: 5/9/13) FOR ONDANSETRON 8MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wilde MI, Markham A. Ondansetron: A Review of its Pharmacology and Preliminary Clinical Findings In Novel Applications. Drugs. 1996. 773-94.

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

Decision rationale: According to the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran®) is a serotonin 5-HT₃ receptor antagonist, FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, which is not the case of this patient. According to the 5/9/13 report, Ondansetron was prescribed due to patient's report of nausea with taking Flexeril. However, ongoing or chronic use of muscle relaxants is not supported by the guidelines. Ondansetron is not intended for this use as a prophylactic for potential short-term side effect of analgesic medications. The medical necessity of this request is not established by the medical records.

RETROSPECTIVE REQUEST (DOS: 5/9/13) FOR 90 TRAMADOL HYDROCHLORIDE 150MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use; Opioids, Specific Drug List Page(s): (s) 76-78; 93-94.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram®) is a centrally acting synthetic opioid analgesic, and it is not recommended as a first-line oral analgesic or for long-term use. It is indicated for moderate to severe pain. The guidelines state continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records do not establish

these requirements have been met. The medical records do not document the patient's pain level with and without medication use. Medical necessity is not established.

RETROSPECTIVE REQUEST (DOS: 5/9/13) FOR MEDROX OINTMENT 240G: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical, Salicylate Topicals, Topical Analgesics Page(s): (s) 28-29, 105, 111-113.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. According to the references, Medrox patch is a product that contains methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%. Per the guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish that to be the case for this patient, as it is documented that she is prescribed oral medications and is able to tolerate other treatments. Clinically significant benefit with use of Medrox, such as reduction in pain, improved function and reduction in pain medication use has not been demonstrated. In addition, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. In addition, long-term use of topical NSAIDs is not indicated. Topical NSAID use is also not recommended for spine or shoulder complaints. Consequently, Medrox patch was not medically necessary.