

Case Number:	CM13-0013808		
Date Assigned:	12/27/2013	Date of Injury:	11/29/2011
Decision Date:	02/25/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Disease 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 physician 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 59-year-old female who reported an injury on 11/29/2011. The patient is diagnosed with cervical discopathy, lumbar discopathy, carpal tunnel/double crush syndrome, tear of the TFCC on the left, de Quervain's syndrome, and sleep difficulty. The patient was seen by [REDACTED] on 06/25/2013. The patient reported ongoing cervical spine pain with chronic headaches. The physical examination revealed tenderness to palpation with muscle spasm in the cervical spine, tenderness to palpation with spasm and limited range of motion of the lumbar spine, positive straight leg raising, tenderness to palpation of bilateral wrists with weak grip strength, and swelling with deformity of the left wrist. The treatment recommendations included a urine specimen acupuncture treatment, home exercises, and continuation of current medication, including Naproxen, Omeprazole, Ondansetron, Cyclobenzaprine, Sumatriptan, Tramadol, and Medrox ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro UDS (urine drug screen): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Opioids Criteria for Use Section, Opioids Section Page(s): 43; 77, 89. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical documentation submitted, the patient's injury was over 2 years ago to date, and there is no indication of noncompliance or misuse of medication. There is no evidence that this patient falls under a high-risk category that would require frequent monitoring. The medical necessity has not been established. As such, the request is non-certified.

Naproxen 550mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. As per the clinical documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report increasing cervical spine pain with headaches. The patient's physical examination continues to reveal limited range of motion of the lumbar and cervical spine, tenderness to palpation with spasm, and tenderness to palpation with swelling of bilateral wrists. There is no indication that there is an acute nature to the current symptoms in which continued use of NSAIDs is necessary. Based on the clinical information received, the request is non-certified.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. There is no indication of cardiovascular disease or increased risk factors for gastrointestinal

events. Therefore, the patient does not currently meet criteria for the use of a proton pump inhibitor. As such, the request is non-certified.

Ondansetron 8mg #30 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pubmed website

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

Decision rationale: The Official Disability Guidelines state Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron has been FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and has been approved for postoperative use. The patient does not meet criteria for the use of this medication. As such, the request is non-certified.

Tramadol extended release 150mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical documentation submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, the current request is non-certified

Medrox ointment 120gm x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants

have failed. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no indication of a failure to respond to first-line oral medication prior to the request for a topical analgesic. Based on the clinical information received, the request is non-certified.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine is recommended for a short course of therapy and should not be used for longer than 2 to 3 weeks. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Physical examination continues to reveal paravertebral muscle spasm in the cervical and lumbar spine. As guidelines do not recommend long-term use of this medication, the current request is non-certified.

Sumatriptan Succinate 25mg #9 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine

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

Decision rationale: The Official Disability Guidelines state triptans are recommended for migraine sufferers. Differences among them are in general, relatively small, but clinically relevant for individual patients. As per the clinical documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report increasing cervical spine pain with chronic headaches, tension, and migraines. Satisfactory response to treatment has not been indicated. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.