

Case Number:	CM13-0019007		
Date Assigned:	10/11/2013	Date of Injury:	07/15/2012
Decision Date:	01/27/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/30/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, Electrodiagnostic Medicine, and Internal 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 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 55 year old woman who developed neck pain aggravated by repetitive motions of the neck that started on July 15 2012 during the course of her employment. At that time the patient declined medical attention and continued to work. However he pain exacerbated and by November 2012, she patient could not tolerate the pain. She was prescribed pain medications and physical therapy. Her physical examination documented on 04/30/2013 by [REDACTED] who demonstrated weakness, numbness and tingling more in the right upper extremity than the left, positive signs of carpal tunnel syndrome and tenderness in the right elbow. There is a report of low back pain aggravated by back movement and pain with movement of the right shoulder. He concluded that the patient had cervical/ lumbar radiculopathy and carpal tunnel syndrome. He requested an MRI of the cervical, shoulder and lumbar spine, and EMG/NCV testing of upper and lower extremities and started the patient on pain medications. There is a request for medical necessity to use Naproxen Sodium tab 550 mg, Sumatriptan tab 25 mg, Omeprazole DR cap 20 mg, and Ondansetron ODT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan Succinate Tab 25mg #9 x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weidmann, E., et al. (2003). "An open-label study to assess changes in efficacy and satisfaction with migraine care when patients have access to multiple sumatriptan succinate formulations." Clin Ther 25(1): 235-246

Decision rationale: Sumatriptan Succinate is a treatment for migraine headache. The patient's medical records provided for review did not document a clear history of headaches or migraines induced and occurring during the course of her employment or prior to that. Although MTUS Guidelines are silent regarding the use of Sumatriptan Succinate, there is no specific documentation to support the need for this medication. Consequently, the request for Retro Sumatriptan Succinate Tab 25mg #9 x2 is not medically necessary and appropriate.

Retro Omeprazole DR Cap 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risks for gastrointestinal events identified by the MTUS Chronic Pain Guidelines are: age over 65; a history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA.) There is no documentation in the medical records provided for review which indicates the patient is at intermediate or high risk for developing gastrointestinal events. The request for retro Omeprazole DR Cap 20mg #120 is not medically necessary and appropriate.

Retro Ondansetron ODT tabs 8mg #30 x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wu, S. J., et al. (2013). "Comparison of the efficacy of Ondansetron and granisetron to prevent postoperative nausea and vomiting after laparoscopic cholecystectomy: a systematic review and meta-analysis." Surg Laparosc Endosc Percutan Tech 23(1): 79-87.

Decision rationale: Ondansetron is an antiemetic used in several conditions such as nausea or vomiting occurring after chemotherapy and/or surgical intervention. Although MTUS Guidelines are silent regarding the use of Ondansetron, there is no documentation in the patient's chart regarding the occurrence of medication induced nausea and vomiting. The request for Retro Ondansetron ODT tabs 8mg #30 x2 is not medically necessary and appropriate.

Retro Naproxen Sodium Tab 500mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS Page(s): 67-68 & 73.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Naproxen may be used for a short period to treat acute exacerbation of chronic back pain, osteoarthritic pain, and neuropathic pain. MTUS Chronic Pain Guidelines do not support the long term use of NSAIDS for pain management. The request for Retro Naproxen Sodium Tab 500mg #100 is not medically necessary and appropriate.