

Case Number:	CM13-0021820		
Date Assigned:	11/13/2013	Date of Injury:	10/14/2011
Decision Date:	01/07/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/09/2013

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 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 57-year-old male who reported an injury on 10/14/2011. According to the documentation, the patient sustained his injury while using a jackhammer at work, when a coworker came up from behind him, grabbing the patient and wrapping his arms around him. Due to the surprise, the patient released his grip on the jackhammer and when he tried to grab the jackhammer with his right hand, the instrument pulled on his arm which injured his right shoulder. An MRI of the patient's right shoulder revealed a rotator cuff tear and surgery was recommended. The surgery was subsequently performed in 05/2012. The patient also received 3 injections to the right shoulder postoperatively, but stated that the injections were also not beneficial. The patient continues to have chronic complaints of pain in his neck, right shoulder, right upper extremity, left hand, and his low back. The pain in these areas has affected the patient's sleep, as well as his ability to perform his activities of daily living. The patient's current diagnoses are cervical discopathy, lumbar discopathy/segmental instability, status post right shoulder replacement done on 08/16/2013, carpal tunnel syndrome/double crush syndrome, and plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium (Unknown quantity/dosage/duration): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 70-73.

Decision rationale: According to MTUS Chronic Pain Guidelines, NSAIDs are the traditional first line of treatment to reduce pain in order for activity and functional restoration to be resumed; however, long-term use may not be warranted. Naproxen sodium should be started at the lowest dose for the shortest period in patients with moderate to severe pain. Due to the patient's current diagnoses, as well as his chronic pain, the use of naproxen sodium may be beneficial in reducing the patient's discomfort. The request for naproxen is medically necessary and appropriate.

Cyclobenzaprine Hydrochloride (Unknown dosage/duration/quantity): 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.

Decision rationale: According to the MTUS Chronic Pain Guidelines, the use of this medication is recommended for short-term use only. Under the guidelines, there is no support for prolonged use or for the benefit over that provided by NSAIDs. Furthermore, according to the documentation, there is evidence that this medication has been prescribed since 07/2013. Therefore, this would exceed the California MTUS recommendation for short-term use of this medication. The request for cyclobenzaprine hydrochloride is not medically necessary and appropriate.

Sumatriptan Succinate (Unknown dosage/ duration/ quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/druginfo/meds/a601116.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus, Online Edition www.nlm.nih.gov/medlineplus/druginfo/meds/a601116.html, and Drugs.com (online medication site.).

Decision rationale: The California MTUS and ACOEM Guidelines do not address this medication for chronic pain relief. The Official Disability Guidelines also do not address this medication; therefore, MedlinePlus has been referred to in this case. According to MedlinePlus, Sumatriptan is used to treat the symptoms of migraine headaches such as severe throbbing headaches that are sometimes accompanied by nausea or sensitivity to sound and light. However, Sumatriptan does not prevent migraine attacks. This medication is sometimes prescribed for other uses, however, according to Drugs.com, which is being used as another

reference; Imitrex has a strong interaction with the medication tramadol, which is also being prescribed for this patient. The request for Sumatriptan Succinate is not medically necessary and appropriate.

Ondansetron ODT (Unknown dosage/ quantity/ duration): Upheld

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

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

Decision rationale: The Official Disability Guidelines state that this medication is not recommended for nausea and vomiting secondary to chronic opioid use. Therefore, due to the fact that Cyclobenzaprine is being prescribed alongside this medication, the intended use is not warranted due to the fact that opioids in general are known cause the side effect of nausea and vomiting which tends to diminish over the use of the medication. Therefore, Ondansetron is not considered medically necessary for the sole purpose of counteracting nausea from opioid use. The request for Ondansetron ODT is not medically necessary and appropriate.

Omeprazole (Unknown dosage/ quantity/ duration): Overturned

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 and Cardiovascular Risk Page(s): 68.

Decision rationale: According to the MTUS Chronic Pain Guidelines, the use of a proton pump inhibitor is generally prescribed alongside the use of an NSAID in order to prevent a patient from suffering any gastrointestinal events. As the prescription for the requested NSAID is to be fulfilled, the subsequent request for Omeprazole is considered medically necessary at this time. The request for Omeprazole is medically necessary and appropriate.

Medrox Patch (unknown quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: MTUS Chronic Pain Guidelines note that there is little to no research to support the use of many agents to include Capsaicin which is an ingredient in the Medrox. The Guidelines further state that any compounded product that contains at least 1 drug (or drug class)

that is not recommended is not recommended. Furthermore, these medications are largely experimental in use with few randomized, controlled trials to determine the efficacy or safety; and because this patient is being prescribed several medications at once, the safety for the use of this medication is undetermined. The request for a Medrox Patch is not medically necessary and appropriate.

Tramadol Hydrochloride ER (Unknown dosage/ quantity/ duration): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93, 113.

Decision rationale: According to MTUS Chronic Pain Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and is not recommended for a first line oral analgesic. Because the patient is also being prescribed the Sumatriptan Succinate, which when combined with Tramadol may produce life threatening serotonin syndrome, this medication is not considered medically necessary at this time. The request for Tramadol Hydrochloride ER is not medically necessary and appropriate.

Levofloxacin (Unknown dosage/ quantity/ duration): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus, section on Levofloxacin..

Decision rationale: California MTUS and ACOEM Guidelines do not address this medication; therefore, MedlinePlus has been referred to in this case. According to MedlinePlus, Levofloxacin is used to treat certain infections such as pneumonia, chronic bronchitis and sinus, urinary tract, kidney, prostate, and skin infections. This medication is also used to treat endocarditis and certain sexually transmitted diseases as well as tuberculosis. Although this medication is widely used, according to the documentation provided for review, there is nothing that indicates the patient is at risk for infection at this time. Therefore, the medical necessity is unclear at this time. The request for Levofloxacin is not medically necessary and appropriate.