

Case Number:	CM13-0023498		
Date Assigned:	11/15/2013	Date of Injury:	07/16/2012
Decision Date:	01/28/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/12/2013

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 Orthopedic Surgery, and is licensed to practice in Connecticut, North Carolina and Pennsylvania. 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 claimant is a 46-year-old female who was injury in a work related accident on July 16, 2012 sustaining an injury to the lumbar spine. Clinical records for review include recent clinical reports including an August 16, 2013 request for authorization from [REDACTED] indicating the claimant would need to continue medications in the form of tramadol, Medrox patches, omeprazole, Ondansetron, sumatriptan, cyclobenzaprine and Naprosyn. Formal clinical findings on that date were not documented. A previous assessment of July 17, 2013 with [REDACTED] indicated complaints of neck pain, right shoulder pain, bilateral upper extremity pain aggravated by repetitive motion as well as low back pain aggravated by walking, standing, and pushing. Physical examination findings on that date were positive for cervical tenderness as well as right shoulders positive Hawkins testing for impingement. There was noted to be reproducible pain with Tinel's testing at the carpal tunnel and a lumbar examination that showed tenderness to palpation and pain with terminal motion. Dorsiflexion was noted to be weak bilaterally as well as weakness with EHL testing. Diagnoses on that date were given as the following: 1. Cervicolumbar discopathy. 2. Carpal/cubital tunnel syndrome. 3. Right shoulder internal derangement. 4. Right shoulder chondromalacia. 5. Right foot drop. As stated, medications as discussed above were prescribed. Further review of records in this case fails to give any other current diagnoses

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Based on California MTUS Guidelines, continued role of Naprosyn in this case would not be indicated. In the chronic low back setting, Guidelines indicate that Naprosyn is indicated as a second line treatment after acetaminophen with recent randomized clinical trials demonstrating no difference in efficacy of treatment with nonsteroidals versus placebo alone in the chronic back pain situation. For chronic back pain, the medication is recommended as an option for short term symptomatic relief only. In this case, the claimant is with no understanding of documented significant change in symptoms with chronic use of the agent noted. Its role for continued chronic use in this stage of the claimant's clinical course would not be indicated.

Cyclobenzaprine Hydrochloride 7.5 mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) .

Decision rationale: Based on California MTUS Guidelines, the continued role of cyclobenzaprine would not be indicated. Cyclobenzaprine is only recommended as an option for a short course of therapy. In general, muscle relaxants are not typically utilized for chronic use in the chronic low back pain setting. They should be reserved for periods of acute exacerbation based on their high adverse effect and dependency profile. The role of the continued use of this agent would not be indicated

Sumatriptan Succinate 25 mg, #18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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: California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the continued role of sumatriptan would not be supported. While triptans are recommended for migraine sufferers and diagnosis of headaches, the records in this case fail to give the claimant a current diagnosis of headache or indication of headache related symptoms on most recent clinical assessments for review. Thus the continued role of this agent would not be supported at present.

Ondansetron ODT 4 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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: California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of antiemetics in this situation would not be supported. Antiemetics for use of opioid nausea are not indicated for use. Recommended use of Ondansetron is for acute nausea related symptoms most notably related to surgical processes and chemotherapy. Its use in the setting of chronic nausea for opioid use is not recommended nor indicated at present.

Omeprazole delayed-release 20 mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk .

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the continued role of omeprazole for protective GI agent would not be indicated in this case. Records indicate no history of a diagnosis of gastritis or current GI diagnosis for which continued use of a proton pump inhibitor would be indicated. Records in this case would not support the chronic use of nonsteroidal medication given the claimant's chronic history. There would thus be no indication for protective gastrointestinal agent in this case.

. Medrox Patch, #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: Based on California MTUS Guidelines, the continued role of Medrox patches are not indicated. Medrox is a topical compounding patch that contains amongst other things Capsaicin. Guidelines indicate that topical agents are largely experimental with few randomized clinical trials demonstrating their efficacy or safety. The use of Capsaicin is only recommended in patients who have not responded or are intolerant to other treatments. Thus, the continued role of this agent in the chronic setting with no other current clinical course of measures being utilized other than medications would not be indicated.

Tramadol Hydrochloride ER 150 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Page(s): 91-94.

Decision rationale: Based on California MTUS Guidelines, the role of tramadol would not be indicated. Recent randomized clinical trials in regards to the use of tramadol for chronic low back pain demonstrates that its efficacy is limited for short term pain relief with long term efficacy of greater than sixteen weeks unclear, but also appearing limited. Failure to demonstrate response to this agent in a time related fashion has recommended its discontinuation. At present, literature would not support the role of use of tramadol for greater than a sixteen week or four month period of time. The specific request in this case, given the timeframe the claimant has already been utilizing the agent would not be indicated.