MAXIMUS Federal Services

Case Number:	CM13-0028437		
Date Assigned:	11/27/2013	Date of Injury:	01/27/2004
Decision Date:	01/22/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/25/2013

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 Physical Medicine and Rehabilitation, 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 as 52-year-old female who reported injury on 01/27/2004, with the mechanism of injury being the patient was reviewing several hundred charts in 1 day and developed pain. The patient was noted to have tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. There was noted to be pain with terminal flexion and there was noted to be a weak grip. The diagnoses were noted to include status post C4-7 anterior cervical discectomy with disc replacement at C4-5, status post right shoulder arthroscopic surgery and Mumford procedure, left shoulder impingement syndrome with acromioclavicular joint arthrosis, status post right de Quervain's/carpal tunnel release, bilateral carpal tunnel syndrome/de Quervain's, and right trigger thumb. The request was made for sumatriptan succinate 25 mg #9 x2 for DOS 08/14/2013, tramadol hydrochloride ER 150 mg #90 for DOS 08/14/2013, cyclobenzaprine HCl 7.5 mg #120 for DOS 08/14/2013, ondansetron ODT 4 mg #30 x2 for DOS 08/14/2013, and omeprazole delayed release capsules 20 gm #120 for DOS 08/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan succinate 25mg #9 x 2 for DOS 8/14/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines , Mosby.

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 Physician Reviewer's decision rationale: California MTUS and ACOEM do not address Triptans (Sumatriptan). Per Official Disability Guidelines, Triptans are recommended for migraine sufferers. The clinical documentation submitted for review failed to provide the patient had migraine or migraine-type symptoms. Additionally, it failed to provide the necessity for #9 x2 tablets. Given the above, the request for sumatriptan succinate 25 mg #9 x2 for DOS 08/14/2013 is not medically necessary.

Tramadol HCI ER 150mg #90 for DOS 8/14/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 82.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS states opioid analgesics should be used for chronic pain and Tramadol has been suggested as a second-line treatment (alone or in combination with first-line drugs). California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Clinical documentation submitted for review failed to provide documentation of the 4 A's to support ongoing treatment of the patient with tramadol. Additionally it failed to provide exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for tramadol HCl ER 150 mg #90 for DOS 08/14/2013 is not medically necessary.

Cyclobenzaprine HCI 7.5mg #120 for DOS 8/14/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mosby

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS states that Cyclobenzaprine (FlexerilÂ®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Therefore, treatment should be brief. Clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for ongoing treatment, as it is recommended for a

short treatment. Given the above, the request for cyclobenzaprine hydrochloride 7.5 mg #120 for DOS 08/14/2013 is not medically necessary.

Ondansetron ODT 4mg #30 x 2 for DOS 8/14/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), mosby

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.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS, ACOEM Guidelines do not address ondansetron. Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. Clinical documentation failed to provide the rationale for the requested medication. Given the above and the lack of documentation, the request for ondansetron ODT 4 mg #30 x2 for DOS 08/14/2013 is not medically necessary

Omeprazole delayed release capsules 20mg #120 for DOS 8/14/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Mosby

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review failed to provide the efficacy of the requested medications. Additionally, it failed to provide the patient had signs and symptoms of dyspepsia to support the use of this medication. Given the above, the request for and omeprazole delayed release capsules 20 gm #120 for DOS 08/14/2013 is not medically necessary.