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| Case Number: | CM13-0029331 | | |
| Date Assigned: | 11/01/2013 | Date of Injury: | 08/07/2012 |
| Decision Date: | 01/07/2014 | UR Denial Date: | 08/30/2013 |
| 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 Internal Medicine, Pulmonary Medicine and Critical Care 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 63-year-old female who sustained a work-related injury on 08/07/2012. The patient's diagnoses include cervical discopathy, carpal tunnel/double crush, bilateral shoulder internal derangement, lumbar segmental instability/radiculitis with generalized weakness, rule out internal derangement bilateral knees, plantar fasciitis, and electrodiagnostic evidence of L5-S1 radiculopathy. The clinical information submitted for review indicates the patient has had persistent complaints of neck pain aggravated by repetitive motion of the neck, prolonged positioning of the neck and migraine type headaches associated with increased cervical spine pain. The documentation indicated that the patient had not had a significant change in symptomatology of the cervical spine, bilateral shoulders, bilateral hands, bilateral knees, and bilateral feet/ankles. The clinical documentation indicated that the patient had a urine drug screen performed on 05/09/2013, which was inconsistent with the prescribed medication regimen to include tramadol. The most recent Primary Treating Physician's Progress Report dated 02/28/2013 indicated a treatment plan that consisted of a prescription for Imitrex, referral to physical therapy, and a prescription for a home TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective prescription for Tramadol Hydrochloride 150mg #90 (DOS: 4/4/13): 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 Page(s): 78.

Decision rationale: CA MTUS Guidelines require certain criteria for ongoing monitoring of opioid use. The criteria include documentation of the 4 A's (adverse effects, activities of daily living, aberrant behaviors, and analgesic efficacy), which is lacking in the clinical information submitted for review. Additionally, the urine drug screen performed on 05/09/2013 was negative for tramadol. There is no documentation of functional benefit being obtained through the use of tramadol in the medication regimen. As such, the medical necessity of tramadol hydrochloride 150 mg #90 has not been established

Retrospective prescription for ondansetron 8mg (DOS: 4/4/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Treatment in Workers Compensation, 18th Edition, 2013 ODG; Pain Chapter, antiemetics (for opioid nausea)..

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, ondansetron (Zofran)..

Decision rationale: The Official Disability Guidelines do not recommend the use of ondansetron for nausea and vomiting secondary to chronic opioid use. There is no documentation of nausea or vomiting in the clinical information. Additionally, given the negative urine drug screen results on 05/09/2013, there is no documentation of chronic use of opioid medications. As such, the request for ondansetron 8 mg is not medically necessary.

Retrospective prescription for Omeprazole caps 20mg (DOS: 4/4/13): 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 Page(s): 68-69.

Decision rationale: CA MTUS Guidelines state proton pump inhibitors such as omeprazole are indicated for patients at intermediate risk for gastrointestinal events and not cardiovascular disease when using an NSAID. The medical record submitted for review failed to establish the presence of indicators of the patient being at risk for gastrointestinal events nor the efficacy of this medication to support continued use. As such, the criteria has not been met. Therefore, the medical necessity for omeprazole caps 20 mg has not been established.

Retrospective prescription for cyclobenzaprine hydrochloride 7.5mg (DOS: 4/4/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Medical Treatment Utilization Schedule, the American College of Occupational and Environmental Medicine (ACOEM); Occupational Practice Guidelines, Chronic Pain, Chapter 6, pg 173. .

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

Decision rationale: CA MTUS Guidelines recommend cyclobenzaprine as a short course of therapy option. As such, treatment should be brief and addition of other agents is not recommended. Muscle relaxants are indicated for muscle spasms documented in physical examination findings. The clinical information submitted for review provided physical examination findings of muscle spasms, but there is lack of documentation of length of use or efficacy of the requested medication. As such, the medical necessity for cyclobenzaprine hydrochloride 7.5 mg has not been established.

Retrospective prescription for Sumatriptan Succinate 25mg (DOS: 4/4/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 18th edition 2013, Head Chapter, Triptans..

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 recommend triptans for migraine sufferers. The clinical information submitted for review documents subjective reports of migraine type headaches, but there is no documentation of efficacy of the requested medication. Additionally, there is no clinical information beyond 02/28/2013 submitted for review to provide evidence to support the continued use of the requested medication. As such, the medical necessity for sumatriptan succinate 25 mg has not been established.

Retrospective Medrox pain relief ointment (DOS: 4/4/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: CA MTUS Guidelines state that topical ointments are largely experimental and have not been shown in properly randomized controlled clinical trials to be effective. Topical ointments are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Medrox contains methyl salicylate 20.00%,

menthol 5.00%, and capsaicin 0.0375%. There have been no studies of a 0.0375% formulation of capsaicin, and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Furthermore, CA MTUS Guidelines also state that if one of the medications in a compound is not recommended, that the topical compound as a whole cannot be recommended. There was no current clinical information provided for review to establish the efficacy of the requested medication. Additionally, there is no evidence to support a diagnosis of neuropathy. As such, the request for Medrox pain relief ointment is not medically necessary.