

Case Number:	CM13-0031579		
Date Assigned:	12/04/2013	Date of Injury:	02/18/2008
Decision Date:	02/27/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/03/2013

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, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of May 18, 2008. A utilization review determination dated September 19, 2013 recommends noncertification for cyclobenzaprine, ondansetron, omeprazole, and naproxen. An agreed Medical Evaluation dated July 8, 2013 indicates that the patient complains of headaches, neck pain radiating into the shoulder, limited range of motion in the neck, pain in the wrist with gripping, weakness of grip in the right hand, numbness of the left hand, left wrist pain, stiffness in both hips, pain in the right shoulder, and pain at the end of the right clavicle. The note indicates that the patient has difficulty with activities of daily living. A physical examination identifies a sensory deficit in the right upper extremity and C6. There is tenderness at the end of the right clavicle as well as pain in the bicipital groove, weakness of abduction and forward flexion, and clicking of the right shoulder with abduction and flexion. The treatment plan recommends physical therapy and medicine management. Additionally, a localized steroid injection was performed. A progress report dated November 14, 2013 identified subjective complaints of cervical spine pain, chronic headaches, tension between the shoulder blades, and migraines. A physical examination identified tenderness in the cervical paravertebral muscles, positive axial compression test and Spurling's maneuver, and dysesthesia at the C5 to C6 dermatomes. Diagnoses include cervical discopathy and right carpal tunnel. The treatment plan recommends surgical intervention. The note goes on to recommend, "appropriate pharmacologic agents for symptomatic relief."

IMR ISSUES, DECISIONS AND RATIONALES

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

A retrospective request for 120 Cyclobenzaprine 7.5mg (DOS: 6/13/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Cyclobenzaprine (Flexeril), the Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. The Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

A retrospective request for 60 Ondansetron 8mg (DOS: 6/13/13): 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).

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

Decision rationale: Regarding the request for ondansetron, the California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. The Official Disability Guidelines (ODG) state that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. The Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested ondansetron is not medically necessary.

retrospective request for 120 Omeprazole 20mg (DOS: 6/13/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. It is acknowledged that the patient has been prescribed NSAIDs in the past. Unfortunately, the current medical records provided for review do not meet the burden of medical necessity for the ongoing use of NSAID medication. In light of the above issues, the currently requested omeprazole is not medically necessary.

retrospective request for 120 Naproxen 550mg (DOS: 6/13/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

Decision rationale: Regarding the request for Naproxen, the Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen is not medically necessary.