

Case Number:	CM13-0031925		
Date Assigned:	12/04/2013	Date of Injury:	04/11/2012
Decision Date:	02/14/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/07/2013

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 Anesthesiology, has a subspecialty certificate in Pain Management, and is licensed to practice in Georgia. 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 50-year-old male presenting with right shoulder pain following a work-related injury on 4/11/2012. The claimant complained of pain in the right shoulder and area of the neck. His pain is associated with insomnia and depression. The claimant was diagnosed with rotator cuff tear, cervical discogenic conditions, depression, weight gain, and hypertension. The claimant had right shoulder arthroscopy with subacromial decompression, as well as acromioplasty and resection of the distal clavicle with debridement of the anterior/superior labral tear with arthrotomy and rotator cuff repair. The claimant's medications include Norco, Tramadol, Naprosyn and Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg (for next visit): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR 2009, page 1688

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference

Decision rationale: Zofran is not medically necessary. The MTUS and ODG do not present a statement on this medication. The physician desk reference states that this medication is

indicated for treatment of nausea associated with chemotherapy and related emesis. The claimant was prescribed this medication for nausea associated with his current medication, and there is a lack of documentation of chemotherapy-associated nausea or emesis; therefore the request is not medically necessary.

Neurontin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Anti-epilepsy drugs (AEDs), Page(s): 16-17.

Decision rationale: Neurontin 600mg is not medically necessary. The MTUS states that there is insufficient evidence to recommend for or against anti-epileptic drugs for axial low back pain. In terms of neuropathic back pain, the guidelines state that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials were also directed at central pain, and there were none for painful radiculopathy. The claimants medical records did not provide enough evidence to corroborate that he has neuropathic pain associated with a lumbar nerve root compression or lumbar spinal stenosis; therefore the request is not medically necessary.

Naproxen 550 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Page(s): 67-73.

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

Decision rationale: Naproxen 550mg is not medically necessary. Per MTUS guidelines, NSAIDs are recommended for osteoarthritis at the lowest dose and for the shortest period possible, in patients with moderate to severe pain, in order to prevent or lower the risk of complications associated with cardiovascular disease and gastrointestinal distress. The medical records do not document the length of time the claimant has been on Naproxen or whether there was any previous use of NSAIDs. The medication is therefore not medically necessary or appropriate.

Tramadol ER (for next visit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sections on When to discontinue opioids, Opioids for osteoarthritis Page(s): 79, 83.

Decision rationale: Tramadol ER is not medically necessary. Tramadol is a centrally-acting opioid. Per MTUS, opioids are recommended for osteoarthritis, for short-term use, after failure of first line non-pharmacologic and medication options including Acetaminophen and NSAIDs. Additionally, guidelines state that weaning of opioids is recommended, (a) if there is no overall improvement in function, unless there are extenuating circumstances; (b) if there is continuing pain with evidence of intolerable adverse effects; (c) if there is a decrease in functioning; (d) when there is resolution of pain; (e) if serious non-adherence is occurring; or (f) if the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given that Tramadol is a synthetic opioid, the claimant has long-term use of this medication, and there was a lack of improved function or return to work with this opioid, its use in this case is not medically necessary.

Zofran 8mg (dispensed): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR 2009, page 1688.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference.

Decision rationale: Zofran 8mg is not medically necessary. The MTUS and ODG do not present a statement on this medication. The physician desk reference states that this medication is indicated for the treatment of nausea associated with chemotherapy and related emesis. The claimant was prescribed this medication for nausea associated with his current medication, and there is a lack of documentation of chemotherapy-associated nausea or emesis; therefore the request is not medically necessary.

Neurontin 600mg (dispensed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Anti-epilepsy drugs (AEDs), Page(s): 16-17.

Decision rationale: Neurontin 600mg is not medically necessary. The MTUS states that there is insufficient evidence to recommend for or against anti-epileptic drugs for axial low back pain. In terms of neuropathic back pain, the guidelines state that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials were also directed at central pain, and there were none for painful radiculopathy. The claimant's medical records did not provide enough evidence to corroborate that he has neuropathic pain associated with a lumbar nerve root compression or lumbar spinal stenosis; therefore the request is not medically necessary.

Naproxen 550mg (dispensed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Page(s): 67-73.

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

Decision rationale: Naproxen 550mg is not medically necessary. Per MTUS guidelines, NSAIDs are recommended for osteoarthritis at the lowest dose and for the shortest period possible, in patients with moderate to severe pain, in order to prevent or lower the risk of complications associated with cardiovascular disease and gastrointestinal distress. The medical records do not document the length of time the claimant has been on Naproxen or whether there was any previous use of NSAIDs. The medication is therefore not medically necessary or appropriate.

Tramadol ER 150mg (dispensed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sections on When to discontinue opioids, Opioids for osteoarthritis Page(s): 79, 83.

Decision rationale: Tramadol ER 150mg is not medically necessary. Tramadol is a centrally-acting opioid. Per MTUS, opioids are recommended for osteoarthritis, for short-term use, after failure of first line non-pharmacologic and medication options including Acetaminophen and NSAIDs. Additionally, guidelines state that weaning of opioids is recommended, (a) if there is no overall improvement in function, unless there are extenuating circumstances; (b) if there is continuing pain with evidence of intolerable adverse effects; (c) if there is a decrease in functioning; (d) when there is resolution of pain; (e) if serious non-adherence is occurring; or (f) if the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given that Tramadol is a synthetic opioid, the claimant has long-term use of this medication, and there was a lack of improved function or return to work with this opioid, its use in this case is not medically necessary.