

Case Number:	CM13-0036926		
Date Assigned:	12/13/2013	Date of Injury:	10/30/1995
Decision Date:	04/22/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular 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 expert 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 41 year old man who sustained a work-related injury in October 1995. He developed chronic neck pain for which he underwent cervical spine reconstruction. According to report dated on August 21, 2013, the patient still had residual pain. His physical examination demonstrated significant cervical tenderness with limitation of range of motion and positive Tinel's sign. The patient was diagnosed with status post anterior cervical spine discectomy and fusion, double crush syndrome, right cubital tunnel syndrome and bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page 107 Page(s): 107.

Decision rationale: The California MTUS guidelines state that Naproxen is indicated for pain management of chronic neck or back pain. There is no documentation of benefit from previous

use of Naproxen. According to the patient's file, there is no documentation of a flare of osteoarthritis pain. Therefore, the requested Naproxen is not medically necessary or appropriate.

CYCLOBENZAPRINE 7.5MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page 63 Page(s): 63.

Decision rationale: The California MTUS guidelines state that Cyclobenzaprine, a non sedating muscle relaxant, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend that Cyclobenzaprine be used for more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the requested Cyclobenzaprine is not medically necessary or appropriate.

SUMATRIPTAN SUCCINATE 25MG #18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Balaguer-Fernandez, C., et al. (2008). "Sumatriptan succinate transdermal delivery systems for the treatment of migraine." J Pharm Sci 97(6): 2102-2109

Decision rationale: The California MTUS guidelines are silent regarding the use of Sumatriptan Succinate. Sumatriptan Succinate is a treatment for migraine headaches. The patient's record did not document a clear history of headaches or migraine headaches that were induced and occurring during the course of his employment or prior to that. There is no recent documentation of migraine headaches. In this case, there is no specific documentation to support the need for this medication. Therefore, Sumatriptan Succinate is not medically necessary or appropriate.

ONDANSETRON ODT 8MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422

Decision rationale: The California MTUS guidelines are silent regarding the use of Ondansetron. Ondansetron is an antiemetic drug following the use of chemotherapy. In this case, there is no documentation in the patient's chart regarding the occurrence of medication induced nausea and vomiting. Therefore, the requested Ondansetron is not medically necessary.

OMEPRAZOLE DR 20MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page 102 Page(s): 102.

Decision rationale: The California MTUS guidelines state that Omeprazole is indicated when nonsteroidal anti-inflammatory drugs (NSAIDs) are used in patients at intermediate or high risk for gastrointestinal events. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, the requested Omeprazole is not medically necessary.

TRAMADOL ER 150MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, pages 93-94 Page(s): 93-94.

Decision rationale: The California MTUS guidelines state that Ultram (Tramadol) is a central acting analgesic that may be used in chronic pain. Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA. It is not recommended as a first-line oral analgesic. In addition, and according to the guidelines, ongoing use of opioids should follow specific rules, including ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, there is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Tramadol). There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the requested Tramadol is not medically necessary at this time.

QUAZEPAM 15MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page 24 Page(s): 24.

Decision rationale: The California MTUS guidelines state that benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Their use is generally limited to 4 weeks. In this case, there is no recent documentation of insomnia related to pain. Therefore, the requested Quazepam 15mg is not medically necessary or appropriate.