

Case Number:	CM13-0038045		
Date Assigned:	12/18/2013	Date of Injury:	11/05/2008
Decision Date:	04/24/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/24/2013

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 Occupational 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 represented [REDACTED] employee who has filed a claim for chronic knee, neck, elbow, low back, and wrist pain reportedly associated with an industrial injury of November 5, 2008. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; earlier cervical spine surgery in 2012; left and right carpal tunnel release surgery in September and October 2010; earlier left knee surgery in November 2006; left and right elbow surgeries in August and November 2012; and extensive periods of time off of work. In a utilization review report of September 28, 2013, the claims administrator denied a request for Naprosyn, Prilosec, Zofran, Flexeril, tramadol, Levaquin, and Medrox. The patient's attorney subsequently appealed. In a June 27, 2013 medical-legal evaluation, it was stated that the patient is not working, owing to a combination of medical issues and mental health issues. In a handwritten prescription seemingly dated August 12, 2013, the attending provider prescribed Naprosyn, Prilosec, Zofran, Flexeril, extended release tramadol, Levaquin, and Medrox. No clinical progress note was attached to the request for authorization/prescription. In an earlier progress note of June 7, 2013, the primary treating provider noted that the patient last worked in November 2008. The patient is having ongoing issues with low back pain, foot back, hearing loss, knee pain, wrist pain, hand pain, psychological stress, neck pain, and obstructive sleep apnea, all of which have been reportedly attributed to cumulative trauma at work. The patient reports multifocal pain complaints. The patient was asked to pursue a left ring finger, trigger finger release procedure and remained off of work in the interim.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM TABLETS 550MG #120, DOS 8/12/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: While the Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, in this case, however, as with the other drugs, the patient does not appear to have derived any lasting benefit or functional improvement through ongoing usage of Naprosyn. The patient is off of work, on total temporary disability. The patient has heightened, multifocal pain complaints, superimposed on ongoing issues with sleep apnea and psychological stress. There is no evidence that the patient has achieved any reduction in dependence on medical treatment as a result of ongoing Naprosyn usage, nor is there evidence that the patient has improved performance of non-work activities of daily living as a result of ongoing Naprosyn usage. It is further noted that the attending provider do not furnish any clinical progress note along with the request for authorization for the medications in question. Therefore, the request for Naproxen Sodium tablets 550 mg, 120 30 count, provided on August 12, 2013, is not medically necessary or appropriate.

PRESCRIPTION OF OMEPRAZOLE DELAYED-RELEASE CAPSULES 20MG #120 DOS 8/12/13: Upheld

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

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

Decision rationale: While the Chronic Pain Medical Treatment Guidelines does support usage of proton-pump inhibitor such as omeprazole in the treatment of NSAIDs-(non-steroidal anti-inflammatory drugs)-induced dyspepsia, in this case, however, there is no mention of any issues with reflux, heartburn, and/or dyspepsia for which ongoing usage of omeprazole would be indicated. Again, the attending provider do not furnish any patient-specific rationale, narrative, commentary, or progress note along with the request for authorization for the drug in question. The request for a prescription of Omeprazole 20mg, 120 30 count, provided on August 12, 2013, is not medically necessary or appropriate.

PRESCRIPTION OF ONDANSETRON ODT TABLETS 4MG #60 DOS 8/12/13: 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).

Decision rationale: The MTUS does not address the topic. While the Food and Drug Administration (FDA) does acknowledge that ondansetron or Zofran can be used to prevent nausea or vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery, in this case, however, there is no evidence that the patient in fact underwent or received any recent chemotherapy, radiation therapy, and surgery. While the patient did receive recommendation to pursue ring finger, trigger finger release surgery, the information on file does not clearly establish that the patient in fact underwent the proposed ring finger, trigger finger release surgery. No operative report was provided. No recent clinical progress note was attached to the request for the drugs in question. The request for Ondansetron ODT tablets 4mg, 60 30 count, provided on August 12, 2013, is not medically necessary or appropriate.

**PRESCRIPTION OF CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG
#120 DOS 8/12/13: Upheld**

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the patient is using numerous other analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not indicated. Accordingly, the request for cyclobenzaprine hydrochloride tablets, 7.5mg, 120 30 count, provided on August 12, 2013, is not medically necessary or appropriate.

**PRESCRIPTION OF TRAMADOL HYDROCHLORIDE ER 150MG #90 DOS 8/12/13:
Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Continue Opioids Topic Page(s): 80.

Decision rationale: Tramadol is a synthetic opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, the patient does not seemingly meet the criteria. The patient is off of work, on total temporary disability. The few progress notes provided suggest that

the patient complaints of pain are heightened as opposed to reduced. There is no evidence that the patient has achieved any improvement in terms of performance of non-work activities of daily living as a result of ongoing tramadol usage. The request for one prescription of Tramadol Hydrochloride ER 150 mg, 90 30 count, provided on August 12, 2013, is not medically necessary or appropriate.

PRESCRIPTION OF LEVOFLOXACIN TABLETS 750MG #20, DOS 8/12/13: 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).

Decision rationale: The MTUS does not address the topic of Levaquin usage. As noted by the Food and Drug Administration (FDA), Levaquin is a fluoroquinolone antibiotic indicated in individuals with infection such as pneumonia, acute bacterial sinusitis, acute exacerbation of chronic bronchitis, complicated or uncomplicated skin infections, prostatitis, urinary tract infections, pyelonephritis, anthrax, and/or plague. In this case, however, the documentation on file does not establish the presence of any of the aforementioned infectious disease issues. Again, no clinical progress notes were attached to the request for authorization of August 12, 2013. Accordingly, the request is likewise not certified, on independent medical review. The request for Levofloxacin tablets, 750mg, 20 30 count, provided on August 12, 2013, is not medically necessary or appropriate.

PRESCRIPTION OF MEDROX PATCH #30 DOS 8/12/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHRONIC PAIN.

Decision rationale: As noted in the MTUS Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, oral pharmaceuticals are a first line palliative method. In this case, there is no clear evidence of failure of multiple classes of first line oral pharmaceuticals so as to justify usage of topical compounds such as Medrox, which are, according to the Chronic Pain Medical Treatment Guidelines, "largely experimental." In this case, the attending provider did not attach any clinical progress notes to the August 12, 2013 request for authorization so as to try and offset the unfavorable ACOEM and MTUS recommendations. The request for Medrox Patch, 30 count, provided on August 12, 2013, is not medically necessary or appropriate.