

Case Number:	CM13-0040228		
Date Assigned:	12/20/2013	Date of Injury:	03/05/2010
Decision Date:	02/12/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/09/2013

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 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 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 applicant filed a claim for chronic neck pain reportedly associated with an industrial injury of March 5, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; prior total hip arthroplasty; two cervical epidural steroid injections; prior cervical fusion surgery; extensive periods of time off of work, on total temporary disability. In a September 11, 2013, progress notes, the applicant presents with multifocal neck, shoulder, hip, and bilateral upper extremity pain. X-rays were taken and apparently failed to reveal any evidence of hardware failure. The cervical fusion hardware is in place. The applicant is given TENS unit, asked to continue acupuncture, and remain off of work, on total temporary disability. The attending provider later renews various prescriptions, including Flexeril, Prilosec, Terocin, and others on October 6, 2013, using preprinted checkboxes with no applicant-specific commentary or narrative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patches #30: 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 Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of oral pharmaceuticals so as to justify usage of topical agents or topical compounds which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines not recommended. It is further noted that, as with the many other oral and topical agents the applicant is using, that the applicant has failed to effect any lasting benefit or functional improvement through prior usage of the same. The applicant's failed to return to any form of work. The fact that the applicant remains on total temporary disability and remains highly reliant on various medical treatments, surgeries, injections, medications, etc., taken together, implies a lack of functional improvement as defined in MTUS 9792.20F.

Tramadol ER 50mg #90: Upheld

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

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

Decision rationale: 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 reduced pain effected as a result of ongoing opioid usage. In this case, however, the applicant does not seemingly meet the aforementioned criteria. There is no evidence of reduction in pain scores effected as a result of ongoing tramadol usage. The applicant remains off of work, on total temporary disability. There is no description of improved performance of non-work activities of daily living. Continuing tramadol in this context is not indicated. Therefore, the request is not certified.

Naproxen sodium 550mg #120: Upheld

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

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

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does deem anti-inflammatory medications such as Naprosyn the traditional first-line of treatment for chronic pain conditions, including chronic low back pain, in this case, as with the many other oral and topical agents, the applicant has failed to effect any lasting benefit or functional improvement through prior usage of the same. The fact that the applicant remains off of work, on total temporary disability, and remains highly reliant on various medications, injections, and surgical remedies implies a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not certified.

Omeprazole 20mg #120: Upheld

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

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of Proton-pump inhibitors such as omeprazole or Prilosec in the treatment of NSAID induced dyspepsia, in this case, however, there is no clear description of dyspepsia, either NSAID induced or stand-alone. Therefore, the request is not certified.

Ondansetron ODT 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, located at <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm>

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), ondansetron is used to prevent nausea or vomiting caused by cancer chemotherapy, radiation therapy, and surgery. In this case, however, there is no evidence that the applicant had any recent surgery. The cervical spine fusion surgery and total hip arthroplasty appear to be several years removed from the date of Utilization Review Report. Continued usage of Zofran in this context is not indicated. It is further noted that the attending provider's most recent progress note does not detail or make any mention of issues related to nausea or vomiting, let alone nausea or vomiting caused by chemotherapy, radiation therapy, or surgery. For all of these reasons, the request is not certified.

Sumatriptan succinate 25mg #18: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, found at http://www.accessdata.fda.gov/drugsatfda_docs/label/2012/020132s024s026lbl.pdf

Decision rationale: Again, the MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Imitrex tablets are used in the acute treatment of migraine headaches with and without aura. In this case, however, the documentation on file is sparse and makes no mention of issues related to migraine headaches, either with or without aura. Using

Imitrex without documentation of migraine headaches is not indicated. Therefore, the request is not certified.