

Case Number:	CM13-0043109		
Date Assigned:	04/04/2014	Date of Injury:	10/29/2011
Decision Date:	07/11/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/31/2013

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 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 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 56-year-old male who was injured on 10/29/2011. Mechanism of injury is unknown. The patient's diagnoses include cervical and lumbar spine discopathy, carpal tunnel syndrome/double crush, internal derangement of the bilateral knees, bilateral plantar fasciitis, and bilateral ankle internal derangement. The patient's prior treatment history has included Xopenex, Protonix, Singulair, and Advair. On 08/14/2012, she began taking tramadol and a pain level is not available. She has history of prior chiropractic and prior physical therapy. An endoscopy was done on 12/17/2012 showing there is rapid descent of capsule to the gastrointestinal junctions but then stagnant at gastroesophageal junction for about 4 minutes, esophagitis, possibly Inlet Patch and no varices. The patient also has history of chronic sinusitis and headache. Progress report dated 08/27/2013 documented the patient with complaints of residual chronic headache and cervical pain and tension between the shoulder blades and migraine. Objective findings on examination of the cervical spine revealed tenderness and limited range of motion. Bilateral lower extremities reveal reduced symptomatology numbness in the hand and positive palmar compression subsequent Phalen's maneuver. There is tenderness in the lumbar spine. There is tenderness in the knee at the knee joint line and positive McMurray's. There is pain with terminal flexion. In the bilateral ankles, there is tenderness of the anterolateral aspect of the ankle and lateral aspect of the feet. Utilization report dated 09/26/2013 is reviewing requests for the following: Naproxen Sodium 550 mg #120, Omeprazole 20 mg #120, Ondansetron ODT tab 4 or 8 mg #30, Cyclobenzaprine hydrochlorothiazide tab 7.5 mg #120, Tramadol hydrochloride ER 150 mg #90, Sumatriptan Succinate tab 25 mg #9 x 2 #18, Quazepam tablets USP 15 mf CIV #30, and Medrox Patch #30. The request for all treatment was denied because of the absence of the evidence or clinical findings that would indicate or support the use of that.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550MG, #120 PROVIDED ON 8/27/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66-68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines state NSAIDs are recommended as an option for short-term symptomatic relief. In addition to the well-known potential side-effects of long term NSAID use, use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. In the case, the progress report dated 08/27/2013 documented the patient with complaints of residual chronic headache and cervical pain and tension between the shoulder blades and migraine. Physical examination documented tenderness of various regions and limited cervical range of motion. The medical records do not establish the patient had presented with a flare-up or exacerbation of current symptoms, unresponsive to other interventions including non-prescription strength interventions and/or acetaminophen. Chronic use of NSAIDs is not supported by the guidelines. Therefore, the requested Naproxen Sodium 550mg #120 is not medically necessary.

OMEPRAZOLE DELAYED RELEASE 20MG #120 PROVIDED 8/27/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that medications such as Omeprazole may be indicated for patients at risk for gastrointestinal events, which are: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the medical records do not establish this patient was at significant risk for GI events. There was no report of GI complaints documented in the medical report. Therefore, the requested Omeprazole Delayed Release 20mg #120 is not medically necessary.

ONDANSETRON ODT 4 OR 8 MG #60 PROVIDED ON 8/27/13: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-emetics (for opioid nausea).

Decision rationale: According to the ODG, Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. This medication is recommended for acute use as noted, per FDA-approved indications. Ondansetron is a serotonin 5-HT₃ receptor antagonist that is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also approved for postoperative use and acute use is FDA-approved for gastroenteritis. Chronic use of this medication is not recommended. The medical records do not demonstrate that this medication was prescribed for its FDA-approved use. The medical records do not establish Ondansetron was appropriate and medically indicated for treatment of this patient. Therefore, the requested Ondansetron ODT 4 or 8mg #60 is not medically necessary.

CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #120 PROVIDED ON 8/27/13:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. The addition of Cyclobenzaprine to other agents is not recommended. The guidelines state antispasmodics are used to decrease muscle spasms. The medical records do not document the presence of muscle spasm on physical examination, and do not establish the patient presented with an acute exacerbation unresponsive to first-line interventions. Therefore, the requested Cyclobenzaprine Hydrochloride 7.5mg #120 is not medically necessary.

TRAMADOL HYDROCHLORIDE ER 150MG #90 PROVIDED ON 8/27/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 113, 74-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Ultram (tramadol) is recommended as a second-line treatment (alone or in combination with first-line drugs). Tramadol is indicated for moderate to severe pain. Long-acting opioids also known as "controlled-release", "extended-release", "sustained-release" or "long-acting" opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that

they stabilize medication levels, and provide around-the-clock analgesia. The guidelines state continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the medical records do not establish these requirements have been met. The patient has been taking Tramadol since August 2012. Progress report dated 08/27/2013 documented the patient with complaints of residual chronic headache and cervical pain and tension between the shoulder blades and migraine. Physical examination documented tenderness of various regions and limited cervical range of motion. The patient's pain levels are not documented and evidence of improvement is not provided. The guidelines indicate opioids may be continued if the patient has returned to work and if the patient has improved functioning and pain. If there is no overall improvement, opioids should be discontinued. The medical necessity of Tramadol Hydrochloride ER 150mg #90 has not established.

SUMATRIPTAN SUCCINATE 25MG #18 PROVIDED ON 8/27/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Imitrex® (sumatriptan), Triptans.

Decision rationale: According to the ODG, Triptans are recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., Sumatriptan, brand name Imitrex) are effective and well tolerated. However, the medical records do not include any description of symptoms/signs of migraines or clinical evidence of migraines. The medical records do not establish this patient has migraine headaches. Therefore, the requested Sumatriptan Succinate 25mg #18 is not medically necessary.

QUAZEPAM 15MG CIV #30 PROVIDED ON 8/27/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Quazepam.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines and the ODG, Quazepam is not recommended. This drug is within the class of drugs, Benzodiazepines, which are not recommended. The long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs. The guidelines state that Benzodiazepines are the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In addition, the medical records do not document current subjective complaints, objective findings/observations,

of an active diagnosed anxiety disorder. The medical records do not provide a clinical rationale as to justify providing medication that is not recommended under the evidence-based guidelines. Therefore, the requested Quazepam 15mg CIV #30 is not medically necessary.

MEDROX PATCHES #30 PROVIDED ON 8/27/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28-29, 105, 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Medrox patch is a product that contains methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%. Per the guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish that to be the case of this patient, as it is documented that he was prescribed oral medications, and was able to tolerate other treatments. Clinically significant benefit with use of Medrox, such as reduction in pain, improved function and reduction in pain medication use has not been demonstrated. In addition, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Therefore, the requested Medrox patches #30 are not medically necessary.