

Case Number:	CM13-0046629		
Date Assigned:	04/02/2014	Date of Injury:	03/25/2013
Decision Date:	05/23/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	10/30/2013

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 Orthopedic Surgery 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 claimant is a 44-year-old female injured in a work related accident on 03/25/13. The records provided for review included an assessment on 09/10/13 by [REDACTED] that documented orthopedic reassessment of neck and upper extremity complaints noting that the claimant was awaiting authorization for cervical epidural injections and surgery. Examination showed tenderness of the cervical spine with dyesthesias in a C5 and C6 dermatomal distribution and painful range of motion. Bilateral shoulder examination documented impingement, positive Hawkin's testing and weakness. Working assessment was left shoulder impingement syndrome, right shoulder impingement syndrome, cervical disc extrusion with radiculopathy and carpal tunnel syndrome. [REDACTED] recommended continuation of medication management to include Naprosyn, Cyclobenzaprine, Sumatriptan, Ondansetron, Omeprazole, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 500 MG, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70-73, 67-72.

Decision rationale: The CA MTUS Chronic Pain Guidelines do not support the ongoing use of Naprosyn. According to the Chronic Pain Guidelines, non-steroidal anti-inflammatory drug (NSAID) medications are to be used at the lowest dose possible for the shortest duration possible. The medical records in this case indicate chronic complaints with no indication of acute symptomatic flare as of the last clinical assessment. The need for chronic use of nonsteroidals would thus not be indicated.

CYCLOBENZAPRINE HYDROCHLORIDE 47.5 MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: HEAD PROCEDURE - TRIPTANS

Decision rationale: The CA MTUS Chronic Pain Guidelines do not recommend the long term use of Cyclobenzaprine. Muscle relaxants are to be used as a second line option only for acute exacerbations of pain in the chronic setting. In this individual, there is no current documentation of an acute exacerbation as the clinical findings appear to be at baseline. The continued role of this agent would not be indicated.

SUMATRIPTAN SUCCINAT 25 MG, #9X2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: HEAD PROCEDURE - TRIPTANS

Decision rationale: The CA MTUS Chronic Pain Guidelines do not address this request. The Official Disability Guidelines do not support the use of Sumatriptan. The documentation provided for review does not identify a diagnosis of chronic migraine headaches or indicate the ongoing need for medications in relationship to headaches. Therefore, in light of the absence of identifying documentation the request for Sumatriptan is not medically necessary.

ONDANSETRON PDT 8 MG, #30X2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: PAIN
PROCEDURE - ANTIEMETICS (FOR OPIOID NAUSEA)

Decision rationale: The CA MTUS and ACOEM Guidelines do not address Ondansetron. The Official Disability Guidelines do not recommend the long term use of Ondansetron for chronic nausea or vomiting related to medication usage, particularly narcotics. This medication does not have a purpose in the chronic pain setting as it is used for chemotherapy and radiation treatment for nausea and vomiting. Therefore, this specific request would not be indicated.

OMEPRAZOLE DELAYED RELEASE 20 MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: PAIN PROCEDURE - ANTIEMETICS (FOR OPIOID NAUSEA).

Decision rationale: The CA MTUS and ACOEM Guidelines do not address Ondansetron. The Official Disability Guidelines do not recommend the long term use of Ondansetron for chronic nausea or vomiting related to medication usage, particularly narcotics. This medication does not have a purpose in the chronic pain setting as it is used for chemotherapy and radiation treatment for nausea and vomiting. Therefore, this specific request would not be indicated. 5.
OMEPRAZOLE DELAYED RELEASE 20 MG, #120 IS NOT MEDICALLY

TRAMADOL HYDROCHLORIDE ER 150 MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 80-84, 91-94.

Decision rationale: The CA MTUS Chronic Pain Guidelines do not recommend the chronic use of Tramadol. The current research indicates that Tramadol does not have efficacy for long term benefit beyond 16 weeks of use. Given the claimant's timeframe from injury and continued use of this agent, Tramadol is not recommended as medically necessary.