

Case Number:	CM13-0049494		
Date Assigned:	12/27/2013	Date of Injury:	01/05/2012
Decision Date:	03/14/2014	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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & 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 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:

This is a male patient with a date of injury of 1/5/12. A utilization review determination dated 9/20/13 recommends non-certification of naproxen, cyclobenzaprine, sumatriptan, ondansetron, omeprazole, tramadol ER, and alprazolam. A progress report dated 10/29/13 identifies subjective complaints including pain in the neck, sternoclavicular joint, bilateral shoulders, and medial border of the scapula. The symptomatology in the patient's bilateral wrists/hands and lumbar spine has not changed significantly. Objective examination findings identify tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm as well as medial border of the scapula. Anterior shoulder tenderness with positive impingement and Hawkins' sign and tenderness at left sternoclavicular joint. Positive palmar compression test subsequent to Phalen's maneuver. Tenderness from the mid to distal lumbar segments. Seated nerve root test is positive. Diagnoses include s/p ACDF C6-7; lumbar discopathy; CTS, rule out double crush; shoulder impingement, rule out rotator cuff pathology. Treatment plan recommends IM Toradol and vitamin B-12 injections. 10/21/13 request for authorization requests cyclobenzaprine, sumatriptan, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested naproxen is not medically necessary.

Cyclobenzaprine 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine is not medically necessary.

Sumatriptan succinate 25mg #9 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

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

Decision rationale: California MTUS does not contain criteria regarding the use of triptan medications. ODG states the triptans are recommended for migraine sufferers. Within the documentation available for review, there is no clear documentation of migraine headaches and efficacy of the medication in treating them. In light of the above issues, the currently requested sumatriptan is not medically necessary.

Ondansetron 8mg #30 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Antiemetics.

Decision rationale: California MTUS does not address this medication. ODG states that it is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative nausea, and gastroenteritis. Within the documentation available for review, there is no documentation of any nausea and/or vomiting secondary to a supported indication as noted above. In the absence of such documentation, the currently requested ondansetron is not medically necessary.

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 NSAIDs, GI symptoms Page(s): 68-69.

Decision rationale: California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole is not medically necessary.