MAXIMUS Federal Services

Case Number:	CM13-0057630		
Date Assigned:	12/30/2013	Date of Injury:	10/22/2008
Decision Date:	04/25/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/25/2013

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 Family 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 61-year-old man who is requesting a review of the Utilization Review for six of the medications he is using for his chronic pain symptoms. He sustained an unspecified injury on the job on 10/22/2008. His medical records are enclosed and document ongoing problems with chronic pain in the following areas: upper back, right shoulder, right upper arm, and neck. Medical records from his treating physician, [redacted] are enclosed. The ongoing symptoms include "pain of the neck that radiates to the upper back and upper extremity, right greater than left, with numbness, tingling and stiffness. He has chronic headaches. He has right greater than left shoulder pain with difficulty sleeping and dressing himself. He also has some dizziness." There is a documented physical exam, which is notable for the following: "tenderness at the cervical paravertebral muscles and upper trapezius muscles with spasm." On examination of the shoulder there is "tenderness at the shoulder anteriorly." The relevant diagnoses include Cervical Discopathy with Radiculitis, Right Greater than Left and Right Shoulder Impingement Syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NAPROXEN SODIUM 550MG, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 68. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR): http://www.pdr.net/drug-summary/naprelan?druglabelid=2740&id=321 (accessed 4/22/2014)

Decision rationale: The Chronic Pain Medical Treatment Guidelines describe indications for the use of non-steroidal anti-inflammatory drugs (NSAIDs). For patients with chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. The request in this patient is for long-term use. Further, the pill count request suggests a dosing schedule in excess of what is recommended in the Physician's Desk Reference for the use of naproxen; not to exceed 1 gram per day.

1 PRESCRIPTION OF CYCLOBENZAPRINE 7.5MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42, 63-64. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR), http://www.pdr.net/drug-summary/cyclobenzaprine-hydrochloride?druglabelid=3089&id=806 (accessed 4/22/2014)

Decision rationale: The Chronic Pain Medical Treatment Guidelines describe indications for cyclobenzaprine. Specifically, that it is "recommended as an option, using a short course of therapy," and when used, "treatment should be brief." Further, "there is no additional benefit shown in combination with NSAIDs." Finally, as noted in both the PDR and the Chronic Pain Medical Treatment Guidelines (Page 64), "this medication is not recommended to be used for longer than 2-3 weeks.

1 PRESCRIPTION OF SUMATRIPTAN SUCCINATE 25MG, #18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://dailymed.nlm.nih.gov/dailymed/imitrex

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR), http://www.pdr.net/full-prescribing-information/imitrex-tablets?druglabelid=201 (accessed 4/22/2014)

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not comment on the use of sumatriptan succinate. The PDR indicates that sumatriptan succinate is indicated for the treatment of the acute migraine headache. In reviewing the medical records, there is no information to determine the nature of this patient's headache. There is no documentation on the character or precipitating factors associated with the headache. There is no evidence that the patient underwent an assessment to determine the specific type of headache. Given that there are

no features documented in the medical record in support of the diagnosis of migraine headache, the request is determined to be not medically necessary.

1 PRESCRIPTION OF OMEPRAZOLE ER 20MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR), http://www.pdr.net/drug-summary/prilosec-delayed-release-capsules-and-oral-suspension?druglabelid=1123&id=145 (accessed 4/22/2014)

Decision rationale: The Chronic Pain Medical Treatment Guidelines comment on the use of NSAIDs (Page 68). These guidelines state that omeprazole is recommended for patients at intermediate or high-risk for a gastrointestinal event. The patient's gastrointestinal symptoms are documented in the medical records. However, the dose of omeprazole is above that recommended in the Chronic Pain Medical Treatment Guidelines or in the PDR. Specifically, in the PDR, for gastroesophageal reflux disease, 20 mg per day is recommended. The Chronic Pain Medical Treatment Guidelines recommends 20 mg of omeprazole daily. While there are medical indications that support higher dosing schedules of omeprazole, such as in a duodenal ulcer, there is no evidence that the patient has a condition requiring a higher dose.

1 PRESCRIPTION OF TRAMADOL ER 150MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 84, 93-94. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR), http://www.pdr.net/drug-summary/ultram-er?druglabelid=2699 (accessed 4/22/2013)

Decision rationale: The Chronic Pain Medical Treatment Guidelines describe criteria for the use of tramadol. While there is evidence for short-term relief, "there are no long-term studies to allow for recommendations for longer than three months. The records indicate this patient has exceeded the three-month recommendation. These guidelines also describe the adverse side effect profile of this drug; which included nausea and headache. There is no evidence in the medical record that the provider has assessed whether the patient's symptoms of nausea and headache are due to a side effect from the tramadol. Finally, the guidelines indicate that the maximum dose of tramadol is 300 mg per day. This information is corroborated in the PDR. The request based on the pill count exceeds the maximum dose for a one-month supply of tramadol.

1 PRESCRIPTION OF ONDANSETRON 8MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://nlm.nih.gov/medlineplus/druginfo/meds/ondansetron

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR), http://www.pdr.net/drug-summary/zofran-odt-orally-disintegrating-tablets-oral-solution-and-tablets?druglabelid=244 (accessed 4/22/2014)

Decision rationale: The criteria for the use of ondansetron are not noted in the Chronic Pain Medical Treatment Guidelines. In the PDR, the indications for ondansetron are for the following conditions: post-operative nausea and for patient undergoing chemotherapy. The medical records do not provide any medical justification for the use of ondansetron.