

Case Number:	CM14-0004075		
Date Assigned:	02/05/2014	Date of Injury:	02/18/2008
Decision Date:	06/20/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 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 51 year-old female who has filed a claim for cervical discopathy and double crush syndrome associated with an industrial injury date of February 18, 2008. A review of the progress notes reports continued pain symptoms in the cervical spine radiating to the right upper extremity, chronic headaches and migraines, and tension between shoulder blades. Findings in the cervical spine include tenderness of the cervical region with restricted range of motion, dysesthesia of right C5-7 dermatomes, decreased motor strength on the right, and positive provocative maneuvers suggesting cervical radiculopathy on the right. With regards to the right hand, findings include weak hand grip, and positive Tinel's and Phalen's signs. A cervical MRI dated May 28, 2013 showed degenerative changes with moderate left C2-3 and right C3-4 neural foramina narrowing. Treatment to date has included NSAIDs, opioids, Ondansetron, Omeprazole, muscle relaxant, sumatriptan, Medrox ointment, Toradol injections, B12 injections, and right carpal tunnel release on March 15, 2013. Patient has had right shoulder arthroscopy for rotator cuff tear on July 29, 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 CYCLOBENZAPRINE 7.5MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

Decision rationale: As stated on the California MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. The patient has been on this medication since May 2012. There is no documentation regarding acute exacerbations of pain in this patient. Also, this medication is not recommended for long-term use. As such, the request is not medically necessary.

60 ONADSETRON 8MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT 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 chapter, Antiemetics (for opioid nausea); Ondansetron (Zofran).

Decision rationale: The California MTUS/ACOEM guidelines do not address this topic, so the Official Disability Guidelines (ODG) were used instead. According to the ODG, Ondansetron is recommended for nausea and vomiting secondary to chemotherapy, radiation, and post-operative use. Acute use is FDA-approved for gastroenteritis. It is not recommended for nausea and vomiting secondary to chronic opioid use. The patient has been on this medication since May 2012. However, the patient does not have nausea secondary to chemotherapy, radiation, or post-operative state. Recent progress notes do not discuss complaints of nausea or vomiting. As such, the request is not medically necessary.

100 NAPROXEN 550MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and there is no evidence of long-term effectiveness for pain or function. The patient has been on this medication since at least March 2012. The patient reports upset stomach with this medication, and there is no evidence of long-term effectiveness.

The patient's symptoms have not significantly changed with this medication. As such, the request is not medically necessary.

90 TRAMADOL ER 150MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: As noted on pages 78-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Tramadol may produce life-threatening serotonin syndrome, in particular when used with SSRIs, SNRIs, TCAs, MAOIs, and triptans, or other drugs that impair serotonin metabolism. The patient has been on this medication since at least 2009. There is no documentation regarding periodic urine drug screening for monitoring of proper medication use, or documentation regarding objective functional benefits derived from this medication. Also, patient is currently taking sumatriptan, and combination with Tramadol is not advised. As such, the request is not medically necessary.

120 OMPERAZOLE 20MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

Decision rationale: According to page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors (PPIs) are used in patients on NSAID therapy who are at risk for GI events. Risk factors include being over the age of 65; having a history of peptic ulcer, GI bleed, or perforation; concurrently using ASA, corticosteroids, or anticoagulant; and taking high dose or multiple NSAID use. Use of PPIs for over a year has been shown to increase the risk of hip fracture. The patient has been on this medication since May 2012. The patient does not present with the risk factors as listed above. Also, naproxen has not been authorized. As such, the request is not medically necessary.