

Case Number:	CM14-0106954		
Date Assigned:	09/16/2014	Date of Injury:	02/01/2011
Decision Date:	10/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 33 year old male who had a work related injury on 02/01/11. His injury occurred while he was working as a mechanic; he had to install a header which weighed in excess of 100 lbs. He looked for assistance but was unable to find help. The injured worker lifted the header and braced his body against the wall in order to drill the header. The injured worker felt a dull ache and soreness within his right shoulder and arm. He sought medical treatment, his primary care physician and underwent x-rays of his right shoulder and cervical spine. He was prescribed Robaxin 500 mg and oral muscle relaxants to take at bedtime and Meloxicam 7.5 mg one orally daily after breakfast. He attended physical therapy. An office visit dated 07/23/14 indicates the injured worker is complaining of an aching pain in his right shoulder radiating towards the back of his shoulder which is described as an aching sensation. He had no complaints of headaches and stated he sometimes feels stiffness and a tightness sensation sometimes within the right upper back. There is a numbness and tingling sensation within both hands, right greater than left. He stated he sometimes feels a burning and aching sensation in his lower back and denied any numbness within either thigh or lower leg. He complains of some residual numbness on the top of his right foot which comes and goes. He stated he sometimes experiences neck pain after sneezing and denies any history of bowel or bladder incontinence and the lower back pain is not exacerbated with coughing or sneezing. The neck is remarkable for straightening of the normal lordotic curvature consistent with muscle spasm. The neck is non-tender to palpation on either side or non-tender posterior. Spurling's sign is negative. The shoulders are level. The right shoulder is non-tender anteriorly, laterally or posteriorly. There is no right shoulder impingement. The left shoulder is non-tender anteriorly, laterally or posteriorly. There is no left shoulder impingement. A speed test is negative bilaterally. The elbows, forearms, wrists and hands are unremarkable for soft tissue swelling or localized

tenderness. The elbows are non-tender medially or laterally. There is no pain at either elbow with resisted dorsiflexion or palmar flexion of either wrist. There is no thenar or hypothenar atrophy of either hand. Normal range of motion noted of the cervical spine, and of the upper extremities. There was an abnormal sensation in the distribution of the median nerve for the right upper extremity and negative on the left. Normal in the distribution of the musculocutaneous, axillary, ulnar and radial nerves bilaterally. Deep tendon reflexes are 2+ bilaterally for biceps, triceps and brachioradialis. Phalen's, carpal tunnel compression test, and Tinel's signs are positive on the right and negative on the left. The Tinel's signs are positive radiating from the volar right wrist to the right ring finger and the middle finger. The Finkelstein's and grind tests are negative bilaterally and there is a two point discrimination is 5 mm to all fingertips. The range of motion of the lumbar spine is normal. He is able to reach within 5 inches of the floor with knees extended. X-rays of the cervical spine at the C3-4 and C4-5 disc spaces are narrow. Osteophytes are seen about the C3-4 inter-space with posterior osteophytic ridging and he has degenerative disc disease at 2 levels. Straightening of the lordosis may be due to position or muscle spasm no evidence of instability. An MRI of the cervical spine dated 01/27/12, C3-4 2.2 mm broad central and bilateral disc protrusion without spinal stenosis or foraminal narrowing. C5-6 2.8 mm left lateral disc protrusion. C6-7 2.6 mm left lateral protrusion. At C7-T1 there is normal disc hydration without disc protrusion, spinal stenosis or foraminal narrowing. The cervical spinal cord is within normal limits. Diagnoses are musculoligamentous cervical sprain/strain, right dorsal trapezius str

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 mg. # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. According to the attached medical record there is no reported decrease pain and increased functional activity related directly to the use of medication. Additionally, the clinical documentation provided indicates that the claimant has been utilizing this medication chronically since the initial injury. There is no indication that laboratory studies of been performed to monitor renal or liver function. As such, given the lack of documented improved pain, and the potential risk for G.I. complications and cardiovascular events, the request is not medically necessary.

Omeprazole 20 mg. # 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Proton pump inhibitors (PPIs)

Decision rationale: As noted in the Official Disability Guidelines, Pain Chapter, "proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.

Ondansetron 8 mg. ODT # 60: Upheld

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

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, Ondansetron (Zofran®)

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, "antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use and acute gastroenteritis. There is no documentation of previous issues with nausea or an acute diagnosis of gastroenteritis. Additionally, if prescribed for post-operative prophylaxis, there is no indication that the patient has previously suffered from severe post-operative nausea and vomiting. Additionally, the medication should be prescribed once an issue with nausea and vomiting is identified, not on a prophylactic basis." As such, the request for this medication cannot be recommended as medically necessary.

Orphenadrine Citrate # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a "second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients

with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Therefore the request is not medically necessary.

Terocin Patch # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, California MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains: Lidocaine which has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound is not medically necessary as it does not meet established and accepted medical guidelines.