

Case Number:	CM14-0107687		
Date Assigned:	08/01/2014	Date of Injury:	10/13/2011
Decision Date:	10/02/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/11/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and neck pain reportedly associated with an industrial injury of October 13, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; and opioid therapy. In a Utilization Review Report dated June 12, 2014, the claims administrator denied a request for Naprosyn, denied a request for omeprazole, denied a request of Ondansetron, denied a request for Orphenadrine, denied a request for tramadol, and denied a request for Terocin patches. In a June 6, 2014 prescription form, the attending provider apparently furnished the applicant with prescriptions for Naprosyn, Orphenadrine, Ondansetron, tramadol, omeprazole, and topical Terocin, with no explicit discussion of medication efficacy. No clinical information was furnished. On June 25, 2014, the applicant was given work restrictions. It was not clearly stated whether the applicant was working or not. On June 9, 2014, the attending provider retrospectively sought authorization for prescriptions for Naprosyn, Prilosec, Zofran, Orphenadrine, tramadol, and Terocin apparently sought on that date. In a May 28, 2014 handwritten progress note, the applicant reported constant neck pain, low back, and elbow pain. Acupuncture, an elbow sleeve, medications, and work restrictions were endorsed. It was not clearly stated whether or not the applicant was working at this point in time. On February 19, 2014, the applicant had reported persistent, multifocal neck, low back, and wrist pain complaints. Toradol and vitamin B12 injections were performed. The applicant was asked to continue working with restrictions.

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 Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medication topic. Page(s): 22; 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line treatment for various chronic pain conditions, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has simply refilled Naprosyn and other medications with no explicit discussion of medication efficacy. It is not clearly stated whether or not the applicant was deriving appropriate analgesia and/or improved ability to perform activities of daily living with ongoing medication usage. The attending provider, furthermore, has seemingly refilled the medications without explicitly mentioning these medications in any of the provider progress notes. On January 15, 2014, for instance, the attending provider stated that he was refilling medications under separate cover. The attending provider has not, thus, incorporated any discussion of medication efficacy into any of the provided progress notes. Therefore, the request is not medically necessary.

Omeprazole 20 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, the progress note on file made no explicit mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. As with the other medications, the attending provider made no mention of whether or not ongoing usage of omeprazole has proven efficacious here. Therefore, the request is not medically necessary.

Ondansetron 8 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs. Decision based on Non-MTUS Citation ODG, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish some compelling evidence to support such usage. The Food and Administration (FDA) notes that Ondansetron is indicated in the treatment of nausea and vomiting caused by cancer, chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no evidence that the applicant had any active symptoms of nausea and/or vomiting on or around the date in question, nor was there any evidence that the applicant had any recent radiation therapy, cancer chemotherapy, and/or surgery. No rationale for selection and/or ongoing usage of Ondansetron for what amounts to a non-FDA labeled purpose was proffered by the attending provider. Therefore, the request is not medically necessary.

Orphenadrine citrate #120: Upheld

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

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

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Norflex (Orphenadrine) are indicated for short-term use purposes, to treat acute exacerbations of chronic low back pain. Norflex is not indicated for the chronic, long-term, and/or scheduled use purpose which is seemingly implied via the 120 tablets supply proposed here. Therefore, the request is not medically necessary.

Tramadol ER 150 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, it appears that the applicant has returned to work. However, the attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing tramadol usage. The attending provider did not allude to or explicitly mention usage of tramadol in any of the progress notes, referenced above. The attending provider has not furnished any rationale for selection and/or ongoing usage of tramadol

in any of the provided progress notes. No explicit discussion of medication efficacy has taken place here. Therefore, the request is not medically necessary.

Terocin patches #30: Upheld

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

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

Decision rationale: As noted on page 111 MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Terocin are largely experimental, to be employed for neuropathic pain with trials of antidepressants and/or anticonvulsants have been employed and failed. In this case, however, there is no evidence that the applicant has tried and/or failed antidepressants and/or anticonvulsants before consideration was given to the Terocin patches at issue. Therefore, the request is not medically necessary.