

Case Number:	CM14-0107906		
Date Assigned:	09/15/2014	Date of Injury:	04/14/2010
Decision Date:	10/15/2014	UR Denial Date:	07/02/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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 53-year-old male with a reported date of injury on 04/14/2010. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbar discopathy with radiculitis, right hip degenerative joint disease with labral tear, cervical discopathy, rule out left shoulder impingement/tendinitis, bilateral carpal tunnel syndrome, and double crush syndrome. His previous treatments were noted to include physical therapy and medications. The injury reportedly occurred when the injured worker turned his head suddenly and noted the appearance of neck and trapezial pain in addition to left upper extremity symptoms. The progress note dated 06/17/2013 revealed complaints of pain from the low back that radiated to the right greater than left lower extremity with numbness and tingling. The physical examination of the cervical spine revealed tenderness at the cervical paravertebral muscles and pain with terminal motion with limited range of motion. There was dysesthesia at the left C6 and C7 dermatomes. The physical examination of the left shoulder revealed tenderness at the left shoulder anteriorly. There was a positive Hawkins and impingement sign. There was pain with terminal motion. The physical examination of the bilateral wrist noted positive Tinel and Phalen's signs. There was pain with terminal flexion and dysesthesia at the radial digits. The physical examination of the lumbar spine revealed tenderness from mild to distal lumbar segments and the pain with terminal motion. The seated nerve root test was positive and there was dysesthesia at the L5 and S1 dermatomes. The physical examination of the bilateral hips noted tenderness at the anterolateral aspect of the hip and pain with hip rotation. There was also a positive FABERs sign. The Request for Authorization form was not submitted within the medical records. The request was for Voltaren SR 100 mg (Diclofenac sodium) #120, Orphenadrine citrate ER 100 mg (Norflex) #120, Ondansetron ODT tablets 8 mg #30 x 2,

omeprazole delayed release capsules 20 mg #120, and tramadol hydrochloride ER 150 mg #90; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren SR 100mg (Diclofenac Sodium) #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The injured worker complained of increasing pain to the low back that radiated to the right greater than left lower extremity with numbness and tingling. The California Chronic Pain Medical Treatment Guidelines indicate that NSAIDs are not recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose to be used for all NSAIDs for the short term duration of time are consistent with the individual injured worker treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. There is a lack of documentation regarding efficacy and improved functional status with utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Orphenadrine Citrate ER 100mg (Norflex) #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 Muscle Relaxants Page(s): 63.

Decision rationale: The injured worker complains of increasing pain to the low back that radiates to the right greater than left lower extremity with numbness and tingling. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Ondansetron ODT Tablets 8mg #30 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 05/15/2014, Anti-emetics (for opioid nausea) and Ondansetron (Zofran)

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

Decision rationale: The injured worker complains of low back pain that radiates to the left lower extremity. The Official Disability Guidelines do not recommended antiemetics for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with the use of opioids. This side effects tend to diminish over days to weeks of continued exposure. The guidelines state ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. Acute use is FDA approved for gastroenteritis. There is a lack of documentation regarding clinical findings, efficacy, and improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Omeprazole Delayed-Release Capsules 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: The injured worker complains of pain that radiates from his low back to the left lower extremity. The California Chronic Pain Medical Treatment Guidelines state clinicians should determine if the patient is at risk for gastrointestinal events, which include age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. There is a lack of documentation regarding improved functional status or efficacy with this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Tramadol Hydrochloride ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain and criteria for use for a therapeutic tr.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Page(s): 78.

Decision rationale: The injured worker complains of pain from the low back that radiates to the left lower extremity. According to the California Chronic Pain Medical Treatment Guidelines,

the ongoing use of opioid medication may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is lack of documentation regarding evidence of significant pain relief or the utilization of medications. There is lack of documentation regarding improved functional status with the use of medications. There is a lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of documentation regarding evidence of significant pain relief, increased function, side effects, and without details regarding urine drug test appropriate medication use and the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.