

Case Number:	CM14-0108031		
Date Assigned:	08/01/2014	Date of Injury:	06/17/2011
Decision Date:	09/15/2014	UR Denial Date:	06/17/2014
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 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 injured worker is a 51 year old male injured on 05/29/14 due to undisclosed mechanism of injury. Diagnoses included cervicalgia. Clinical note dated 05/29/14 indicated the injured worker presented complaining of constant neck pain aggravated by repetitive motion of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. The injured worker characterized the pain as sharp and radiating into the upper extremities. The injured worker reported associated headaches and tension between the shoulder blades. The pain was rated 7/10. Physical examination revealed palpable paravertebral muscle tenderness with spasm called positive axial loading compression test, positive Spurling maneuver, limited range of motion, tenderness around the anterior glenohumeral joint and subacromial space, Hawkins and impingement signs positive, and sensation and strength 4/5. Treatment plan included pending cervical spine surgery authorization. There were no medications recorded and no medications prescribed. Prescriptions prescribed on 06/08/14 included naproxen sodium 550mg #100, Orphenadrine citrate ER 100mg #120, Sumatriptan succinate 25mg #9, Ondansetron orally disintegrating tablet tablets 8mg #30, omeprazole 20mg #120 and tramadol HCl ER 150mg #90, and Terocin patch #30. The initial request for naproxen sodium tablet 550mg #120, omeprazole 20mg one by mouth every 12 hours as needed #120, Ondansetron 8mg orally disintegrating tablet one as needed #30, and Orphenadrine citrate one POQ eight hours as needed #120 was non-certified on 06/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium Tablet 550mg once every q hours #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 67-68, 73.

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

Decision rationale: Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the injured worker cannot utilize the readily available formulation and similar dosage of this medication when required on an as needed basis. As such, the request for Naproxen Sodium Tablet 550mg once every q hours #120 is not medically necessary.

Omeprazole 20mg 1 po 12 hours PRN #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines - Online version, 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 (NSAID) use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Documentation indicates the injured worker has a history of prolonged NSAIDs and narcotics use indicating the potential for gastric irritation and need for protection. As such, the request for Omeprazole 20mg 1 by mouth 12 hours as needed #120 is medically necessary.

Ondansetron 8mg ODT 1 PRN #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain: Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation) Pain (Chronic), Antiemetics (for opioid nausea).

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 Food and Drug Administration (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 injured worker 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 Ondansetron 8mg ODT 1 as needed #30 is not medically necessary.

Orphenadrine Citrate 1 PO Q8 hours/PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), page(s) 63 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. As such, the medical necessity of Orphenadrine Citrate 1 by mouth every 8 hours as needed #120 is not medically necessary.