

Case Number:	CM14-0118846		
Date Assigned:	08/06/2014	Date of Injury:	09/10/1990
Decision Date:	09/10/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/29/2014

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 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 50-year-old female who reported an injury on 04/14/2010 due to cumulative trauma. On 03/03/2014, the injured worker presented with neck pain. Upon examination of the cervical spine, there was a well-healed anterior scar and tenderness to the cervical paravertebral muscles and upper trapezial muscles with spasm. There was decreased cervical range of motion. Examination of the right shoulder revealed tenderness at the acromioclavicular joint with a positive Hawkins and impingement sign and pain terminal motion. Examination of the bilateral elbows and wrists reveal the positive Tinel's at the elbow and a positive Tinel's and Phalen's at the wrist. There is weak grip and dysesthesia noted at the digits. The diagnoses were status post anterior spine discectomy and disc replacement at C4-5 and anterior cervical spine discectomy and fusion from C5 to C7, severe cervical discopathy with right upper extremity radiculitis, right carpal tunnel syndrome/double crush, right shoulder impingement and rotator cuff tendinitis per MRI, bilateral upper extremity overuse syndrome, and severe right cubital tunnel syndrome. Current medication list was not provided. The provider recommended Voltaren, Omeprazole, Ondansetron, Orphenadrine and Tramadol. The provider's rationale is not provided. The requested for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren SR (slow release) 100mg, #120 between 5/28/2014 and 9/30/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 70.

Decision rationale: The California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis including knee and hip and injured workers with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain and in particular those with gastrointestinal cardiovascular or renovascular risk factors. In injured workers with acute exacerbation of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. There was lack of a complete and adequate pain assessment of the injured worker. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Voltaren SR (slow release) 100mg, #120 between 5/28/2014 and 9/30/2014 is not medically necessary.

Omeprazole 20mg, # 120 between 5/28/2014 and 9/30/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to the California MTUS Guidelines, omeprazole may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those seeking NSAID medications who are at moderate to high risk for gastrointestinal events. There was lack of documentation that the injured worker has a diagnosis concurrent with the guideline recommendation of omeprazole. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Omeprazole 20mg, #120 between 5/28/2014 and 9/30/2014 is not medically necessary.

Ondansetron 8mg, #60 between 5/28/2014 and 9/30/2014: 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 (Chronic); Antiemetics.

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

Decision rationale: The Official Disability Guidelines do not recommend Ondansetron for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure.

Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. As the guidelines do not recommend Ondansetron for nausea and vomiting secondary to opioid use, the medication would not be indicated. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Ondansetron 8mg, #60 between 5/28/2014 and 9/30/2014 is not medically necessary.

Orphenadrine citrate ER (extended release) 100mg, #120 between 5/28/2014 and 9/30/2014: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The provider's request for Orphenadrine 100 mg #120 exceeds the guideline recommendation of short-term treatment. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Orphenadrine citrate ER (extended release) 100mg, #120 between 5/28/2014 and 9/30/2014 is not medically necessary.

Tramadol ER (extended release) 150mg, #90 between 5/28/2014 and 9/30/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status appropriate medication use and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Tramadol ER (extended release) 150mg, #90 between 5/28/2014 and 9/30/2014 is not medically necessary.