MAXIMUS Federal Services

Case Number:	CM14-0120342		
Date Assigned:	08/06/2014	Date of Injury:	01/09/1999
Decision Date:	09/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	07/30/2014

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:

Patient is a 56-year-old male who who has submitted a claim for status post right shoulder arthroscopy for rotator cuff repair and cervicalgia associated with an industrial injury date of 1/9/1999. Medical records from 2014 were reviewed. Patient complained of right shoulder pain and neck pain, aggravated by repetitive motions. Patient likewise complained of headaches. Physical examination showed restricted motion of the right shoulder with weakness graded 4/5. Impingement test, Hawkins test, and drop arm test were positive at the right. Reflexes were intact. Muscle spasm was present at the paracervical muscles. Urine drug screen from 3/20/2014 showed positive levels for oxycodone and oxymorphone. Treatment to date has included right shoulder rotator cuff surgery, physical therapy, home exercise program, and medications such as Norco (since April 2014), Prevacid (since April 2014), Oxycontin, Lidocaine cream, and Klonopin. Utilization review from 7/30/2014 denied the request for Diclofenac Sodium ER 100mg #120 because long-term use was not recommended; denied Omeprazole 20mg #120mg because of no gastrointestinal complaints; denied Ondansetron 8mg #30 because of no reports of nausea or vomiting; denied Cyclobenzaprine Hydrochloride 7.5mg #120 because long-term use was not recommended; and denied Tramadol ER 150mg #90 because there was no symptom relief with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, there was no previous intake of diclofenac based on the records submitted. Current medications include OxyContin, Norco, and lidocaine cream. There was no acute exacerbation of pain symptoms to warrant NSAID at this time. There was no clear indication for this medication. Therefore, the request for Diclofenac Sodium ER 100mg #120 is not medically necessary.

Omeprazole 20mg #120mg: 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, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient was initially on Prevacid since April 2014. However, there was no discussion for shifting current PPI into omeprazole. Moreover, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Omeprazole 20mg #120mg is not medically necessary.

Ondansetron 8mg #30: Upheld

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

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, Antiemetics (for opioid nausea) and Ondansetron.

Decision rationale: The CA MTUS does not address ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division

of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Antiemetics (for opioid nausea) and Ondansetron was used instead. ODG states that ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, there was no previous intake of ondansetron. However, there was no clear indication for this medication since the patient did not complain of symptoms of nausea or vomiting. Patient is not currently on chemotherapy or radiation therapy. Moreover, patient is 7 months status post right shoulder arthroscopy. The medical necessity cannot be established due to insufficient information. Therefore, the request for Ondansetron 8mg #30 is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there was no prior intake of cyclobenzaprine based on the records submitted. The most recent physical examination showed evidence of paracervical muscle spasm. Guideline criteria were met. Therefore, the request for Cyclobenzaprine Hydrochloride 7.5mg #120 is medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, there was no prior intake of tramadol based on the records submitted. Current treatment regimen includes OxyContin, Norco, and lidocaine patch. There was no recent acute exacerbation of symptoms that may warrant additional opioid therapy. There is no clear indication for this medication and therefore, this request is not medically necessary.