

Case Number:	CM14-0128298		
Date Assigned:	08/18/2014	Date of Injury:	08/28/2013
Decision Date:	10/01/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/11/2014

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 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 53-year-old male who reported an injury on 08/28/2013. The mechanism of injury was not provided. On 02/11/2014, the injured worker presented with pain in the low back that radiated into the right lower extremity with numbness and tingling. Upon examination of the cervical spine, there was tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. There was a positive axial compression and Spurling's maneuver. There was painful, restricted cervical range of motion and Dysesthesia at the C5-7 dermatomes. Examination of the bilateral shoulders revealed a well healed left shoulder surgical scar, limited range of motion, and weakness of the left shoulder. Examination of the lumbar spine revealed tenderness of the lumbar paravertebral muscles with pain with terminal motion from the mid to distal lumbar segments. Pain with terminal motion and a positive seated root test. There was Dysesthesia noted in the L4-5 dermatome. The diagnoses were cervical and lumbar discopathy, carpal tunnel double crush syndrome, cervicgia, internal derangement of the bilateral shoulders, and status post left shoulder surgery. A current medication list was not provided. The provider recommended diclofenac sodium ER, tramadol ER, orphenadrine, omeprazole, and ondansetron. The provider's rationale was not provided. The Request 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:

Diclofenac Sodium ER 100mg #120: Upheld

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

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

Decision rationale: The request for Diclofenac Sodium ER 100mg #120 is not medically necessary. The California MTUS Guidelines state that all NSAID's are associated with risk of cardiovascular events, including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual treatment goals. There is lack of evidence in the medical records provided of a complete and accurate pain assessment, and the efficacy of the prior use of the medication. The frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.

Tramadol ER 150mg #90: Upheld

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

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

Decision rationale: The request for Tramadol ER 150mg #90 is not medically necessary. 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 a 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. The frequency of the medication was not provided in the request as submitted. As such, the request is not medically necessary.

Orphenadrine #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request for Orphenadrine #120 is not medically necessary. The California MTUS guidelines recommend non-sedating 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 efficacy of the

prior use of this medication was not provided. The frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Omeprazole 20mg #120 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAIDs medication who are at moderate to high risk for gastrointestinal events. There is lack of documentation of the prior use of the medication. The injured worker does not have a diagnosis congruent with the guideline recommendations, and the injured worker is not at moderate to high risk for gastrointestinal events. As such, medical necessity has not been established.

Ondansetron 8mg #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 (ODG) TWC Pain Procedure Summary

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 request for Ondansetron 8mg #30 is not medically necessary. 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 opioids adverse effects including nausea and vomiting are limited to short-term duration and have limited application to long-term use. If nausea and vomiting remain 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. The efficacy of the prior use of the medication was not provided. The provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.