

Case Number:	CM14-0128566		
Date Assigned:	10/08/2014	Date of Injury:	01/27/2004
Decision Date:	11/17/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/12/2014

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 52 year-old female with date of injury 01/27/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/18/2014, lists subjective complaints as pain in the neck and right wrist/hand. Objective findings: Examination of the cervical spine revealed palpable paravertebral muscle tenderness with spasm. Spurling's maneuver was negative. Range of motion was limited with pain. Sensation and strength tests were within normal limits. Right wrist/hand: Tenderness to palpation over the volar aspect of the wrist. Positive palmar compression test with subsequent Phalen's maneuver. Tinel's sign was positive over the carpal canal. Range of motion was full but painful. No evidence of swelling or instability and full sensation in the digits. Diagnosis: 1. Status post C4-C7 anterior cervical discectomy with disc replacement at C4-5 2. Retained symptomatic cervical hardware. 3. Status post right shoulder arthroscopic surgery and Mumford procedure 4. Left shoulder impingement syndrome with acromioclavicular joint arthrosis 5. Status post right de Quervain's carpal tunnel release 6. Right trigger thumb tenovaginitis of the right ring finger. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as seven months. Medications are Omeprazole DR 20mg, #120 SIG: one every 12 hours, Naproxen Sodium tablets 550mg, #100 SIG: one every 8 hours with food, Ondansetron DDT 8mg tablets, #60 SIG: as needed, no more than twice a day, Tramadol ER 150mg, #90 SIG: one tablet every 12 hours, Sumatriptan Succinate tablets 25mg, #9 SIG: on tab at onset of headache and Terocin Patch, #30 SIG: topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg # capsule #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 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole DR 20mg # capsule #120 is not medically necessary.

Naproxen Sodium tablets 550mg #100: 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 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function in the medical record contains no documentation of functional improvement. Naproxen Sodium tablets 550mg #100 is not medically necessary.

Ondansetron ODT 8mg tablets #60: 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 (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 (Chronic), Ondansetron (Zofran)

Decision rationale: There is no documentation that the patient is suffering nausea or vomiting due to any of the approved indications for ondansetron. Current approved indications include nausea as a result of cancer chemotherapy, radiation of the abdomen or total body radiotherapy, or postoperative nausea/vomiting. Ondansetron not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron ODT 8mg tablets #60 is not medically necessary.

Orphenadrine Citrate ER 100mg (Norflex) #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 65.

Decision rationale: Orphenadrine is an anticholinergic drug of the ethanolamine antihistamine class with prominent central nervous system (CNS) and peripheral actions used to treat painful muscle spasms and other similar conditions, as well as the treatment of some aspects of Parkinson's disease. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking orphenadrine for longer than 2-3 weeks, which is recommended by the MTUS. Orphenadrine Citrate ER 100mg (Norflex) #120 is not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of tramadol. Tramadol ER 150mg #90 is not medically necessary.

Sumatriptan Succinate tablets 25mg #9 times 2: Upheld

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

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

Decision rationale: The Official Disability Guidelines recommend triptans for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. There is no documentation in the medical record indicating the use for sumatriptan. Sumatriptan Succinate tablets 25mg #9 times 2 is not medically necessary.

Terocin Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the MTUS, compounds containing lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. In addition, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin Patch #30 is not medically necessary.