

Case Number:	CM14-0129846		
Date Assigned:	09/22/2014	Date of Injury:	08/30/2012
Decision Date:	12/22/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/14/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 48 year old male with date of injury 8/30/2012. The mechanism of injury is not stated in the available medical records. The patient has complained of cervical spine pain, right elbow and wrist pain and lower back pain since the date of injury. He has been treated with physical therapy; medications and several surgeries (left cubital tunnel release 11/2013 and left carpal tunnel release 06/2013). There are no radiographic reports included for review. Objective: cervical and lumbar spine decreased and painful range of motion, tenderness to palpation of the paraspinal cervical and lumbar musculature, positive Spurling's maneuver, right wrist positive Tinel's and Phalen's sign, decreased sensation in right fingers in a radial nerve distribution. Diagnoses: lumbago, cubital tunnel syndrome, cervicgia. Treatment plan and request: Diclofenac, Prilosec, Ondansetron, Orphenadrine, Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100 mg #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): 67.

Decision rationale: Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 4 weeks. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Diclofenac is not indicated as medically necessary in this patient.

Omeprazole 20 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.

Ondansetron 8 mg #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, Opioids for nausea

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/zofran

Decision rationale: Per the reference cited above, Zofran is a medication used to treat nausea and/or vomiting due to surgical procedures or treatment for cancer (chemotherapy or radiation). There is no documentation in the available medical records that a recent surgery has been performed or that cancer treatment has been provided. On the basis of lack of medical findings, Zofran is not indicated as medically necessary.

Orphenadrine Citrate #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants.

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

Decision rationale: Per the MTUS guidelines cited above, muscle relaxant agents (Orphenadrine) are not recommended for chronic use and should not be used for greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Orphenadrine is not indicated as medically necessary.

Tramadol ER 150 mg #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): 76-85, 88-89.

Decision rationale: No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.