MAXIMUS Federal Services

Case Number:	CM14-0130973		
Date Assigned:	08/20/2014	Date of Injury:	08/02/2008
Decision Date:	12/18/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 68-year-old female who reported an injury on 08/02/2008. The mechanism of injury was not submitted for this review. The injured worker treatment history included C4-7 hybrid cervical reconstruction, undated; shoulder subacromial arch decompression/Mumford's resection, undated; and steroid injection in the right long A1 pulley on 04/17/2014. The diagnoses included cervical neuropathy, carpal tunnel syndrome, and shoulder impingement. Medications included diclofenac sodium SR 100 mg 1 tablet every 12 hours for inflammation and pain, cyclobenzaprine 7.5 mg 1 tablet every 8 hours as needed for muscle spasms, sumatriptan succinate 25 mg 1 tablet as needed for migrainous headache that was associated with chronic cervical spine pain, Ondansetron 8 mg 1 tablet twice a day for nausea associated with headaches, omeprazole 20 mg 1 capsule every 12 hours as needed for gastrointestinal symptoms, and tramadol ER 150 mg 1 tablet as needed for acute severe pain. The injured worker was evaluated on 07/03/2014 and it was documented the injured worker had constant pain in the cervical spine. The pain was aggravated by repeated motions of the neck, pushing, lifting, forward reaching, and working at or above the shoulder level. The pain was characterized as sharp. There was radiation of pain into the upper extremities. There were associated headaches that were migrainous in nature as well as tension between the shoulder blades. The injured worker pain was improving. The pain was rated as 3/10 on the pain scale. There was also constant pain in the right shoulder. The pain was aggravated by forward reaching, lifting, pushing, pulling, and working at or above shoulder level. The pain was characterized as burning. The injured worker's pain was worsening. The pain was rated as 7/10 on the pain scale. The physical examination of the cervical spine showed that there were palpable paravertebral muscle spasms. A positive axial loading compression test was noted. The Spurling's maneuver was positive. The range of motion was limited with pain. There was no

clinical evidence of instability. The skin was warm and dry with normal color and turgor. There was intact circulation and full and normal excursion of the fingers. The coordination and balance were intact. The sensation and strength were normal. The examination of the right shoulder showed that there was tenderness around the glenohumeral region and subacromial space. The Hawkin's and impingement signs were positive. The rotator cuff function appeared intact albeit painful. There was reproducible symptomatology with internal rotation and forward flexion. There was no clinical evidence of instability. The skin was warm and dry with normal color and turgor. There was no apparent swelling. The treatment plan included refilled medications and continuation of physical therapy including the right shoulder. The Request for Authorization dated 07/24/2014 was for medication refills. The diagnoses included cervical neuropathy, carpal tunnel syndrome, and shoulder impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), Antiemetic's (for opioid nausea).

Decision rationale: The request for Ondansetron ODT 8mg # 30 is not medically necessary. The Official Disability Guidelines (ODG) does not recommend Zofran for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. 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 (less than 4 weeks) and have limited application to long term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastro paresis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic nonmalignant pain patients. There is no high quality literature to support any 1 treatment for opioid induced nausea in chronic nonmalignant pain patients. The documents submitted does not warrant the need for the injured worker need Ondansetron. In addition, the documentation provided does not indicate the injured worker having a diagnosis of cancer or acute/postoperative therapy. Given the above, the request is not medically necessary.

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The requested service is not medically necessary. According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked evidence of outcome measurements of conservative care such as prior physical therapy sessions and medication pain management. There was lack of documentation provided on her long term goals of functional improvement of this home exercise regimen. In addition, the request lacked frequency and duration of the medication. The request for cyclobenzaprine 7.5mg #120 is not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for tramadol HCL 150 mg #90 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that criteria for use for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the, quantity or frequency. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. Given the above, Tramadol ER is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. The request for tramadol HCL 150 mg #90 is not medically necessary.