

Case Number:	CM14-0136547		
Date Assigned:	09/03/2014	Date of Injury:	11/16/2012
Decision Date:	10/06/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 57 year old male was reportedly injured on 11/16/2012. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated 3/4/2014, indicated that there were ongoing complaints of bilateral groin pain. The physical examination demonstrated the abdomen was soft with good Valsalva and no evidence of hernia on the right or left with Valsalva and cough, musculoskeletal brace was noted on right knee; cervical, thoracic, and lumbar spine was not tender, neurologically, bilateral upper and lower extremity muscle strength was 5/5, reflexes were brisk and symmetrical, gait was within normal limits. Diagnostic imaging studies included X-rays of the right shoulder, dated 5/19/2014, which indicated calcific tendinosis and the lumbar spine had multilevel degenerative changes most pronounced at L5 to S1 and the bilateral knees had right knee mild tricompartmental osteoarthritis and very mild left knee osteoarthritis. Previous treatment included medications and conservative treatment. A request was made for Omeprazole 20 milligrams quantity 120, Zofran 8 milligrams quantity 60, Orphenadrine citrate 100 milligrams quantity 120, and Tramadol extended release (ER) 150 milligrams quantity 90 and was non-certified in the preauthorization process on 7/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Workers' Compensation: Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical record, fails to document any signs or symptoms of gastrointestinal (GI) distress on physical examination, which would require PPI treatment. As such, this request is not considered medically necessary.

Ondansetron 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of Workers' Compensation: Antiemetics (for opioid nausea)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG-TWC - ODG Treatment, Integrated Treatment/Disability Duration Guidelines; Pain (Chronic); Antiemetic - (updated 06/10/14)

Decision rationale: Ondansetron (Zofran) is a serotonin 5 HT3 receptor antagonist. It is Food and Drug Administration (FDA) approved for nausea and vomiting secondary to chemotherapy, radiation treatment, postoperatively, and acute gastroenteritis. The Official Disability Guidelines (ODG) guidelines do not recommend this medication for nausea and vomiting secondary to chronic opiate use. Review of the available medical records fails to document an indication for why this medication was given. As such, this request is not considered medically necessary.

Orphenadrine Citrate 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: Orphenadrine is a derivative of Diphenhydramine and belongs to a family of antihistamines. It is used to treat painful muscle spasms and Parkinson's. The combination of anticholinergic effects and central nervous stimulation (CNS) penetration make it very useful for pain of all etiologies including radiculopathy, muscle pain, neuropathic pain and various types of headaches. It is also useful as an alternative to Gabapentin for those patients who are intolerant of the Gabapentin side effects. This medication has been an abuse potential due to a reported

euphoric and mood elevating affect, and therefore should be used with caution as a second line option for short term use in both acute and chronic low back pain. Based on the clinical documentation provided, the clinician does not document trials of any previous anticonvulsant medications or medications for chronic pain such as Gabapentin. Given the Medical Treatment Utilization Schedule (MTUS) recommendations that this be utilized as a second line agent, the request is deemed not medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines support the use of Tramadol (Ultram) for short term use, after there has been evidence of failure of a first line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.