

Case Number:	CM14-0138015		
Date Assigned:	09/03/2014	Date of Injury:	08/29/2012
Decision Date:	10/02/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/22/2014

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, has a subspecialty in Interventional Spine 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 patient is a 45-year-old female with a date of injury of 08/29/2012. The patient has diagnoses of: Cervical discopathy, Left shoulder impingement syndrome with tendinosis. According to progress report 07/16/2014, the patient presents with continued left shoulder pain and would like to proceed with recommended surgery. Review of the medical file indicates the patient was authorized for left shoulder surgery. Examination of the left shoulder revealed tenderness around the anterior glenohumeral region and subacromial space with positive Hawkins and impingement sign. Rotator cuff function appears intact albeit painful with decreased range of motion. This is a request for Diclofenac sodium ER 100 mg #120, Ondansetron ODT 8 mg #30, Cyclobenzaprine 7.5 mg #120, Tramadol ER 150 mg #90, Omeprazole 20 mg #120, and Levofloxacin 750 mg #30. The patient is noted to be temporarily totally disabled per AME report 06/05/2014. Utilization review denied the request for medications on 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100mg QTY: 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 Medications for chronic pain; Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs), pages 60-61; 22; 67-68.

Decision rationale: This patient presents with continued neck and left shoulder pain. The MTUS Guidelines page 22 supports the use of NSAIDs for chronic low back pain as a first-line of treatment. In this case, the treater does not provide any discussion or documentation of functional improvement or decrease in pain from taking diclofenac. MTUS page 60 requires pain assessment and functional changes when medications are used for chronic pain. Therefore this request is not medically necessary.

Ondansetron ODT 8mg, QTY: 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, 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)

Decision rationale: This patient presents with continued neck and left shoulder pain. The request is for ondansetron ODT 8 mg #30. Review of the medical file indicates the patient is requesting cervical intervention regarding her continued left shoulder issue. It appears the treater is requesting ondansetron for postoperative use. The MTUS and ACOEM Guidelines do not discuss Zofran; however, ODG Guidelines has the following regarding antiemetic, "not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below for FDA-approved indications. Ondansetron (Zofran), this drug is a serotonin 5-HT₃ receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use." It appears the treater is prescribing this medication for postoperative use. Therefore this request is medically necessary.

Cyclobenzaprine HCL 7.5mg, QTY: 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 Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This patient presents with continued neck pain with radiation to the left upper extremity and left shoulder pain. The treater is requesting cyclobenzaprine HCL 7.5 mg #120. The MTUS Guidelines page 64 states, "Cyclobenzaprine is recommended for short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use." In this case, the treater is prescribing this medication for long-term use. The request to cyclobenzaprine 7.5 mg #120 is not medically necessary. Therefore this request is not medically necessary.

Tramadol ER 150mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with constant neck pain with radiation to the upper left extremity and left shoulder pain. The treater is requesting tramadol ER 150 mg #90. The MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Therefore this request is not medically necessary.

Omeprazole 20mg, QTY: 120:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk (MTUS pg 69) Page(s): 69.

Decision rationale: This patient presents with chronic neck pain with radiation to the left upper extremity with left shoulder pain. The treater is requesting omeprazole 20 mg #120. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The treater is prescribing this medication concurrently with diclofenac sodium ER 100 mg, but does not document dyspepsia or any GI issues. Routine prophylactic use of PPI without documentation of gastric issue is not supported by the guidelines without GI risk assessment. Therefore this request is not medically necessary.

Levofloxacin 750mg, QTY: 30: Overturned

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 Other Medical Treatment Guideline or Medical Evidence

Decision rationale: This patient presents with constant neck pain that radiates into the left upper extremity with left shoulder pain. The treater is requesting levofloxacin 750 mg #30. It appears the treater is requesting antibiotics for prophylactic postoperative use. Medical record indicates the patient has been authorized for left shoulder surgery. The MTUS, ACOEM and ODG guidelines do not discuss post operative antibiotic. Some guidelines do not support post-operative prophylaxis beyond the wound closure. However, review of literature rates post-op arthroscopic infection rate at 0.01% to 0.48%. Given low but a finite risk for post-operative infection complication, the recommendation is for authorization of the requested prophylactic post-op antibiotics. Therefore this request is medically necessary.