

Case Number:	CM14-0142087		
Date Assigned:	09/10/2014	Date of Injury:	01/12/2009
Decision Date:	11/05/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 35-year-old male who reported an injury on 01/12/2009. The mechanism of injury was getting hit with a nightstick while on duty. The injured worker has diagnoses of cervical disc displacement, cervical radiculopathy, and cervicgia. Past medical treatment consists of surgery, physical therapy, and medication therapy. Medications include vitamin B12, glucosamine and chondroitin, calcium, OxyContin, Norco, Flexeril, Voltaren SR, omeprazole, Ondansetron and tramadol. The injured worker has undergone x-rays of the right shoulder, left shoulder, and cervical spine. On 07/14/2014, the injured worker complained of left upper extremity neck and shoulder pain. Examination of the cervical spine revealed that there was muscle spasm on the interscapular area and on the left parascapular area. There was also tenderness on the anterior side of the neck; left anterior shoulder; paravertebral, left greater than right; on both upper trapezius; and left supraspinatus. There was no tenderness in the spinous process or sternocleidomastoid. Range of motion of the shoulders revealed an abduction of 150 on the left and 180 on the right, flexion of 140 on the left and 180 on the right, internal rotation of 55 on the left and 90 on the right, external rotation of 90 bilaterally, extension of 50 bilaterally, and adduction 50 bilaterally. Muscle strength of the neck, shoulders, and shoulder girdle were normal. Medical treatment plan is for the injured worker to continue the use of medication therapy. The provider feels the medications are helping manage pain levels to the injured worker. The Request for Authorization form was submitted on 02/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER (Voltaren Sr) 100mg #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, specific drug list & adverse effects Page(s): 70-71.

Decision rationale: The request for diclofenac sodium ER is not medically necessary. The California MTUS Guidelines state the diclofenac is a prescription nonsteroidal anti-inflammatory medication. All NSAIDs carry a risk of adverse cardiovascular events, including myocardial infarction, stroke, and worsening hypertension. The guidelines also state that NSAIDs can cause GI symptoms, such as ulcers, bleeding in the stomach, abdominal cramps, nausea, and diarrhea. Nonprescription medication may be sufficient for both acute and subacute symptoms when in conjunction with activity modification and ice or heat therapy. As guidelines stipulate that NSAIDs should be used for short term therapy, the submitted report did not submit any evidence as to when the injured worker started diclofenac. The documentation also lacked any indication of side effects. The efficacy of the medication was submitted for review. Additionally, the request as submitted did not indicate a frequency of the medication. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request for diclofenac ER is not medically necessary.

Omeprazole Delayed-Release Capsules 20mg, #120,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for omeprazole is not medically necessary. The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for injured workers taking NSAID medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The injured worker was noted to be taking naproxen. However, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of this medication, cardiovascular disease, or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request as submitted did not indicate a frequency of the medication. As such, the request is not medically necessary.

Ondansetron Odt Tablets 8mg, #30,: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetic (for opioid nausea).

Decision rationale: The request for Ondansetron is not medically necessary. ODG states that Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with 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 durations (less than 12 weeks) and have limited application to long term use. Given the above, the injured worker is not within ODG. The submitted report lacked any indication that the injured worker was suffering from nausea. Furthermore, there was no indication in the submitted report as to how long the injured worker had been taking Ondansetron. Additionally, the request as submitted did not indicate a frequency of the medication. The medical necessity of Ondansetron is unclear. As such, the request is not medically necessary.

Cyclobenzaprine Hydrochloride Tablets 7.5mg, #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 Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for cyclobenzaprine is not medically necessary. The California MTUS recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. It appears that the injured worker had been on this medication since at least 2012, exceeding the recommend guidelines for short term course therapy. Additionally, the request as submitted is for cyclobenzaprine 7.5 with a quantity of 120, also exceeding the recommended guidelines for short term use. The efficacy of the medication was not submitted for review to warrant continuation of the medication. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.

Tramadol Hydrochloride Er 150mg, #90; Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 113, 78.

Decision rationale: The request for tramadol is not medically necessary. The California MTUS state central analgesic drugs, such as tramadol, are reported to effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The California MTUS recommend

that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Assessments documenting pain levels before, during, and after medication administration should also be submitted for review. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the tramadol was helping with any functional deficits the injured worker might have had. Additionally, there was no urinalysis or drug screens submitted for review showing that the injured worker was in compliance with these medications. There was no mention of adverse side effects. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.