

Case Number:	CM14-0154806		
Date Assigned:	09/24/2014	Date of Injury:	11/30/2011
Decision Date:	10/31/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of November 30, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; transfer of care to and from various providers in various specialties; cervical epidural steroid injections; and unspecified amounts of physical therapy. In a Utilization Review Report dated August 28, 2014, the claims administrator partially approved a request for Fenoprofen, denied a request for Prilosec, denied a request for Ondansetron, denied a request for Flexeril, and partially approved a request for Tramadol. The applicant's attorney subsequently appealed. In a handwritten note dated April 1, 2014, difficult to follow, not entirely legible, the applicant presented persistent complaints of neck and shoulder pain. Ergonomic evaluations were sought. Unspecified medications were renewed. In a prescription form dated May 8, 2014, the attending provider apparently renewed prescriptions for naproxen, Prilosec, Zofran, Flexeril, tramadol, and Terocin. There was no explicit discussion of medication efficacy. In a pain management note dated April 2, 2014, the applicant reported 4/10 pain with medications versus 6/10 without medications. The attending provider suggested that the applicant was presently working with limitations in place. On April 18, 2014, naproxen, Flexeril, Zofran, tramadol, and topical Terocin were again renewed. On May 14, 2014, the applicant's pain management physician reported greatly improved neck, low back, and upper extremity pain in one section of the note. In another section of the note, somewhat incongruously, it was stated that the applicant's pain scores were 4/10 with medications versus 4/10 without medications. In a July 9, 2014 progress note, the applicant was again described as greatly improved in terms of neck pain complaints. 5/10 pain with medications was noted versus 6/10 pain without medications. It was again stated that the applicant was working with limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the progress notes referenced above. No rationale for selection and/or ongoing usage of Omeprazole was furnished by the attending provider. Therefore, the request is not medically necessary.

Ondansetron 8mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ondansetron (Zofran) is indicated in the treatment of nausea and/or vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there was/is no mention of the applicant's having had any recent cancer chemotherapy, radiation therapy, and/or surgery. Ondansetron, thus, is being employed for a non-FDA approved role. No applicant-specific rationale or medical evidence to offset the unfavorable FDA position was proffered by the attending provider. Therefore, the request is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg: 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 Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other oral and topical agents. Adding Cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

Fenoprofen #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Fenoprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic multifocal pain reportedly present here. In this case, the applicant has demonstrated treatment success by achieving and/or maintaining successful return to work status. The attending provider's reporting of the applicant's issues, while at times sparse and incongruous, does suggest that the applicant's pain levels are appropriately diminished with medication consumption. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Tramadol ER 150mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is apparently working at [REDACTED], admittedly with limitations in place. The attending provider's reporting, while at times incongruous, does suggest that the applicant is deriving appropriately analgesia with ongoing medication usage, including ongoing tramadol usage. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.