

Case Number:	CM14-0161061		
Date Assigned:	10/06/2014	Date of Injury:	02/21/2013
Decision Date:	12/02/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/01/2014

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 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 56-year-old female who reported an injury on 09/13/2011. The injured worker was reportedly struck by a golf cart. The current diagnoses include status post C3-7 cervical hybrid reconstruction, cervicgia, lumbar discopathy, carpal tunnel/double crush syndrome, right shoulder impingement syndrome, rule out internal derangement of the bilateral hips, and right foot/ankle sprain with Achilles tendinitis and plantar fasciitis. Previous conservative treatment is noted to include physical therapy and medication management. The injured worker was evaluated on 08/01/2014 with complaints of constant pain in the cervical spine, right shoulder pain, right wrist pain, right hip pain, and right ankle pain. The physical examination revealed palpable paravertebral muscle tenderness with spasm in the cervical spine, limited cervical range of motion, tenderness around the anterior glenohumeral region and subacromial space of the right shoulder, positive Hawkin's and impingement signs, painful rotator cuff function, reproducible symptomatology with internal rotation and forward flexion, symptomatology in the right upper extremity around the proximal forearm, reproducible pain around the right lateral epicondylar region, pain with resisted extension of the right wrist, pain with extension of the elbow, a positive Tinel's sign over the cubital tunnel, tenderness over the volar aspect of the right wrist, a positive palmar compression test, a positive Tinel's test, pain and tenderness in the anterolateral region of the right hip, tenderness at the right Achilles tendon, and a limping gait. Treatment recommendations included right ankle surgery, a right shoulder arthroscopy, and continuation of the current medication regimen. A Request for Authorization form was then submitted on 09/03/2014.

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 NSAID.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has continuously utilized this medication since 05/2014. There is no documentation of objective functional improvement. California MTUS Guidelines do not recommend long term use of NSAIDs. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Omeprazole 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 Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Ondansetron 8mg ODT #30: Upheld

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

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

Decision rationale: The Official Disability Guidelines state Zofran is recommended for nausea and vomiting secondary to chemotherapy and radiation treatment. It is not recommended for nausea and vomiting secondary to chronic opioid use. There is also no frequency listed in the request. As such, the request is not medically appropriate.

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 Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized this medication since 05/2014. There is no documentation of palpable muscle spasm or spasticity upon physical examination. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until there has been a failure of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 05/2014 without any evidence of objective functional improvement. There is no documentation of a written pain consent or agreement for chronic use of an opioid. Previous urine toxicology reports, documenting evidence of patient compliance and non-aberrant behavior were not provided. There was also no frequency listed in the request. As such, the request is not medically appropriate.