

Case Number:	CM14-0167008		
Date Assigned:	10/14/2014	Date of Injury:	04/18/2013
Decision Date:	11/17/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/09/2014

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 Internal Medicine and is licensed to practice in Pennsylvania. 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 55-year-old gentleman with a date of injury of 04/18/2013. The submitted and reviewed documentation did not identify a specific mechanism of injury; cumulative trauma over time was suggested by an orthopedic AME report by [REDACTED] dated 06/23/2014. This report, an office visit note by [REDACTED] dated 08/18/2014, and an internal medicine AME report by [REDACTED] dated 09/08/2014 indicated the worker was experiencing neck and upper back pain that went into both arms, shoulder pain and stiffness, knee pain, foot pain, headaches associated with upper back pain and tension between the shoulder blades, migraines, numbness and tingling in both arms, episodes of lower back pain that went into the right leg, episodes of right leg numbness, and high blood pressure. Documented examinations consistently described tenderness and decreased joint motion in the neck and upper back and decreased feeling in the outer (ulnar) and middle (medial) arm distributions. [REDACTED] note dated 08/18/2014 also described upper back muscle spasm, tenderness in both shoulders, both wrists, the joint lines of both knees, the bottom of both feet; a positive Tinel's sign of both wrists; and positive patellar and McMurray tests of both knees; these findings were not recorded in [REDACTED] orthopedic AME report dated 06/23/2014. Submitted and reviewed documentation concluded the worker was suffering from carpal tunnel syndrome involving both wrists, inflammation involving the bottom of both feet, an unspecified problem with the knee and shoulder joints, musculoligamentous injury involving the upper back, degenerative disk disease involving the upper back, mild inflammation involving the right elbow, and high blood pressure. Treatment recommendations included carpal tunnel release surgery, medication for high blood pressure, and oral medications to manage on-going pain and symptoms related to headaches. A Utilization Review decision by [REDACTED] was rendered on 09/10/2014 recommending

non-certification for ondansetron ODT 8mg #30, cyclobenzaprine HCl 7.5mg #120, sumatriptan succinate 25mg #18, and tramadol-ER 150mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Treatment for Workers Compensation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ondansetron: Drug information. Topic 9719, version 126.0. UpToDate, accessed 11/08/2014.

Decision rationale: Ondansetron is an anti-nausea and vomiting medication in the selective serotonin receptor antagonist class. The MTUS Guidelines are silent on this issue in this clinical situation. The FDA has approved this medication for the use of preventing nausea and vomiting caused by certain chemotherapy treatments, radiation treatments, and that can occur after surgery. There is also research to support its use for significant nausea and vomiting during pregnancy and for treatment of breakthrough nausea and/or vomiting caused by chemotherapy or radiation treatment. The submitted and reviewed documentation did not describe on-going complaints of either nausea or vomiting, detail benefit from the use of this medication, or indicate the presence of any negative effects from its use. In the absence of such evidence, the current request for ondansetron ODT 8mg #30 is not medically necessary.

Cyclobenzaprine HCL 7.5mg #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 Muscle Relaxants Page(s): 63-66.

Decision rationale: Cyclobenzaprine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation described the presence of upper back muscle spasm on 08/18/2014. However, there was no indication this was acute, there was no suggestion of symptoms or signs of acute lower back pain, and the quantity requested suggests use for a prolonged amount of time. Further, [REDACTED] office visit note dated 08/18/2014

suggests this medication was also requested for the use of difficulty sleeping, a symptom not documented, assessed, or evaluated elsewhere in the reviewed records, which is not supported by either the scientific literature or the Guidelines. In the absence of such evidence, the current request for cyclobenzaprine HCl 7.5mg #120 is not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: Tramadol-ER is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The submitted and reviewed documentation indicated the worker was experiencing on-going pain involving various parts of the body. However, there was no recorded description of the worker's pain experience as suggested by the MTUS Guidelines, indication of benefit or potential negative side effects from the medication, or assessment of the worker's individual risk for on-going use of opioid medication; the quantity requested suggests a three-month supply. In the absence of such evidence, the current request for tramadol-ER 150mg #90 is not medically necessary.

Sumatriptan Succinate 25mg #18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Treatment for Workers Compensation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sumatriptan: Drug information. Topic 9968, version 107.0. UpToDate, accessed 11/08/2014. Bajwa ZH, et al. Acute treatment of migraine in adults. Topic 3347, version 31.0. UpToDate, accessed 11/08/2014.

Decision rationale: Sumatriptan is a medication in the serotonin receptor agonist class. The MTUS Guidelines are silent on this issue in this clinical situation. The FDA has approved this medication for the treatment of acute migraine or cluster headaches. The scientific literature supports its use with acute moderate to severe symptoms. Assessment of symptoms is important in selecting the best treatment, and benefit should be weighed against the risks on an individualized basis. Prevention of migraines should be considered for those with frequent or long-lasting symptoms and for those with significant debility related to symptoms. The submitted and reviewed documentation indicated the worker had been suffering with migraines

headaches related to increased upper back and neck pain for at least several months, if not longer. A detailed description of the worker's symptoms, frequency of episodes, response to medication and the necessary frequency of use, and potential side effects was not recorded. An orthopedic AME report by [REDACTED] dated 06/23/2014 indicated the worker reported migraine events averaging twice weekly. There was no discussion suggesting prevention therapy was considered or why it was not appropriate for this worker. There was no indication the use of this medication increased the worker's function. In the absence of such evidence, the current request for sumatriptan succinate 25mg #18 is not medically necessary.