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| Case Number: | CM14-0167023 | | |
| Date Assigned: | 10/14/2014 | Date of Injury: | 12/13/2012 |
| Decision Date: | 12/24/2014 | 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 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 52-year-old male with an injury date of 12/13/2012. Based on the 08/18/2014 progress report, the patient has symptomatology in the cervical spine, chronic headaches, tension between the shoulder blades, and migraines. He also has chronic low back pain. There is tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. A positive axial loading compression test and a positive Spurling's maneuver test is noted. His range of motion is limited with pain. There is dysesthesia at the C5 and C6 dermatomes. In regards to the left shoulder, there is tenderness at the left shoulder subacromial space and acromioclavicular joint. Both the Hawkins and impingement signs are positive. There is tenderness from the mid to lateral lumbar segments, and a seated nerve root test was positive. There is dysesthesia at the L5 and S1 dermatomes. In regards to the right knee, there is tenderness in the joint line. Patellar grind test and McMurray's test are both positive. There is crepitus with painful range of motion. The 08/29/2014 report reports the medications the patient is currently taking and provides no further positive examinations. The patient's diagnoses include the following: 1.Lumbar discopathy with radiculitis.2.Left shoulder impingement syndrome with partial rotator cuff tear and labral tear.3.Right knee chondromalacia patella. The utilization review determination being challenged is dated 09/10/2014. Two treatment reports were provided from 08/18/2014 and 08/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium (Nalfon) 400mg, #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 Page(s): 22.

Decision rationale: Based on the 08/18/2014 progress report, the patient presents with symptomatology in the cervical spine, chronic headaches, tension between the shoulder blades, migraine, and chronic lower back pain. The request is for Fenoprofen Calcium (Nalfon) 400mg, #120. The patient is currently taking fenoprofen calcium, cyclobenzaprine hydrochloride, sumatriptan succinate tablets, ondansetron ODT tablets, omeprazole, Quazepam, tramadol hydrochloride ER, Cefovex tablets, ketoprofen capsules, hydrocodone/acetaminophen, levofloxacin, Menthoderm gel, and Terocin patch. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," and medications are used for chronic pain. In this case, a review of the reports does not show documentation of functional benefit or pain reduction from the use of fenoprofen calcium. None of the reports discussed medication efficacy. There is insufficient documentation to make a decision based on guidelines. The request is not medically necessary.

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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, for Prilosec

Decision rationale: According to the 08/18/2014 progress report, the patient complains of having cervical spine pain, chronic headaches, tension between the shoulder blades, migraines, and low back pain. The request is for Omeprazole 20mg, #120. MTUS supports the use of proton-pump inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk of gastrointestinal events. In this case, the treater does not document any gastrointestinal symptoms. MTUS does not allow prophylactic use of PPIs without documentation of GI risk factors. Given the lack of any discussion regarding GI factors or GI symptoms, the request is not medically necessary.

Ondansetron ODT 8mg, #30: Upheld

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 Procedure Summary

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

Decision rationale: According to the 08/18/2014 progress report, the patient presents with having pain in his cervical spine, chronic headaches, tension between the shoulder blades, migraines, and lower back pain. The request is for Ondansetron ODT 8mg, #30. The MTUS and ACOEM Guidelines do not discuss ondansetron. However, ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below per 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. Acute use as the FDA approved for gastroenteritis." There is no discussion provided as to if this patient is having nausea and vomiting or what the purpose of this medication is. The request is not medically necessary.

Cyclobenzaprine HCL 7.5mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Muscle relaxants (for pain) P.

Decision rationale: According to the 08/18/2014 progress report, the patient presents with cervical spine pain, chronic headaches, tension between the shoulder blades, migraines, and lower back pain. The request is for Cyclobenzaprine HCL 7.5mg, #120. According to MTUS Guidelines, cyclobenzaprine are "not recommended to be used for longer than 2 or 3 weeks." MTUS page 64 states cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. The patient has been taking cyclobenzaprine as early as 08/18/2014, and there is no indication if the patient plans on using this medication for a long-term or short-term basis. The request is not medically necessary.

Tramadol ER 150mg, #90: 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 criteria for use of opioids Page(s): 88-89, 78.

Decision rationale: Based on the 08/18/2014 progress report, the patient presents with cervical spine pain, chronic headaches, tension between the shoulder blades, migraines, and lower back pain. The request is for Tramadol ER 150mg, #90. MTUS Guidelines pages 88 and 89 state,

"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 4 A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" for outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for the medication to work, and duration of pain relief. In this case, the treater does not provide any pain scale, nor were any ADLs (activities of daily living) mentioned. There is no discussion provided on any aberrant behavior or any adverse side effects. MTUS requires documentation of all 4 A's when opiates are used for chronic pain. No urine drug screens or CURES report were provided either. The request is not medically necessary.