

Case Number:	CM14-0181128		
Date Assigned:	11/05/2014	Date of Injury:	10/30/2012
Decision Date:	12/11/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/31/2014

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 Pain Management 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:

This is a male patient with the date of injury of October 30, 2012. A utilization review determination dated October 1, 2014 recommends denial of Fenoprofen calcium (Nalfon) 400mg 1 TID #120, Omeprazole 20mg 1 PO Q12hr PRN #120, Ondasetron 8mg 1 PO PRN #30, Cyclobenzaprine 7.8mg 1 PO Q 8hr PRN #120, and Tramadol ER 150mg #90. A progress note dated September 30, 2014 identifies subjective complaints of constant pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. The patient characterizes the pain as being sharp, there is radiation of pain into the upper extremities, there are associated headaches that are migrainous in nature, and there is tension between the shoulder blades. Current neck pain level is a 7. There is constant pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The patient characterizes the pain as sharp. There is radiation of pain into the lower extremities. Current low back pain level is an 8. Physical examination identifies tenderness of these cervical paravertebral muscles with spasm, positive axial loading compression test of the cervical spine, and positive Spurling's maneuver. There is palpable paravertebral muscle tenderness with spasm of lumbar spine, seated nerve root test is positive, and standing flexion and extension are guarded as well as restricted. The diagnoses include cervical disc disorder, and lumbar disc disorder. The treatment plan recommends refill of the patient's medications. The medications are improving the patient's activities of daily living and making it possible for him to continue working and/or maintain the activities of daily living. Authorization for a course of physical therapy is pending and pain management Lumbar Epidural Steroid Injection (LESI) authorization is pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen calcium (Nalfon) 400mg qty 120 1 pill TID: 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): 67-72.

Decision rationale: Regarding the request for Fenoprofen calcium (Nalfon) 400mg 1 pill TID #120, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Nalfon is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or that it is being prescribed for the short-term. In the absence of such documentation, the currently requested Fenoprofen calcium (Nalfon) 400mg 1 pill TID #120 is not medically necessary.

Omeprazole 20mg qty 120 1 PO 12H PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for omeprazole 20mg 1 PO Q 12hr prn #120, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole 20mg 1 PO Q 12hr prn #120 is not medically necessary.

Ondansetron 8mg OT qty 30 1 PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation ODG, Pain Chapter, Ondansetron & Antiemetics

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, Antiemetics

Decision rationale: Regarding the request for Ondansetron 8mg OT 1 PO PRN #30, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that Ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested Ondansetron 8mg OT 1 PO PRN #30 is not medically necessary.

Cyclobenzaprine Hydrochloride tablets 7.8mg qty 120 1 PO Q8H/PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine 7.8mg 1 PO Q 8hr prn #120, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit (in terms of percent pain reduction, or reduction in numeric rating scale). Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine 7.8mg 1 PO Q 8hr prn #120 is not medically necessary.

Tramadol ER 150mg qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request Tramadol ER 150mg #90, California Pain Medical Treatment Guidelines state that tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent pain reduction, or reduction in numeric rating scale), no documentation regarding side effects, and no discussion regarding aberrant use. As

such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Tramadol ER 150mg #90 is not medically necessary.