

Case Number:	CM14-0023282		
Date Assigned:	06/16/2014	Date of Injury:	09/16/1995
Decision Date:	10/10/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/24/2014

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 September 16, 1995. A Utilization Review was performed on February 21, 2014 and recommended non-certification of Norco 10/325 mg #60, Anaprox DS 550 mg #60, Prilosec 20mg #60, Zofran ODT 7 mg #10, Ultram 50mg #90, and Lidoderm 5% #90. A Progress Report dated February 4, 2014 identifies Interim History of the patient continues to complain of pain in his lower back which is mostly axial in nature. His most bothersome complaint is pain in his right knee and right shoulder. He is experiencing less GI discomfort while on Prilosec 20 mg twice a day. Objective Findings identify tenderness to palpation along the temporomandibular joints bilaterally. Some decreased cervical spine range of motion. There was some tenderness to palpation on the cervical musculature on the right and the trapezius muscle. Right shoulder reveals tenderness to palpation. Active shoulder abduction is between 90 to 100 degrees, limited secondary to pain. Positive Tinel's at the right elbow. The patient has intrinsic muscle wasting noted along the thenar and hypothenar muscles bilaterally. He also has decreased sensation along the third, fourth, and fifth digits on the right and fourth and fifth digits on the left. Positive Tinel's sign at the right wrist. Tenderness to palpation of the posterior lumbar musculature with increased muscle rigidity bilaterally. There are trigger points that are palpable and tender throughout the lumbar paraspinal muscles. Decreased lumbar spine range of motion. Facet loading causes pain in his low back region. Tenderness to palpation along the anterior joint line of the right knee with mild swelling. Tenderness along the medial and lateral joint lines of the left knee as well. Assessment identifies lumbar spine sprain/strain syndrome, lumbar facet arthropathy, left lower extremity radiculopathy, left knee below-knee amputation 1996 with two revisions, post-traumatic stress disorder, right rotator cuff tear s/p arthroscopic repair on May 1, 2009, right knee internal derangement status post arthroscopic surgery times two, temporomandibular joint dysfunction, tinnitus with decreased hearing, and

medication induced gastritis. Treatment Plan identifies he was dispensed Norco, Anaprox, Prilosec, Zofran. Prescriptions were written for OxyContin, Ultram, and Lidoderm 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran ODT 7 Mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (Zofran), California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. The Official Disability Guidelines 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 (Zofran) is not medically necessary.

Anaprox DS 550 Mg #60: 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 Page(s): 67-72.

Decision rationale: Regarding the request for Anaprox, 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 Anaprox is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Anaprox is not medically necessary.

Lidoderm 5% #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 Page(s): 112.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical Lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm. As such, the currently requested Lidoderm is not medically necessary.

Norco 10/325 Mg #60: 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 Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (Hydrocodone/Acetaminophen), California Pain Medical Treatment Guidelines state that Norco 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 function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (Hydrocodone/Acetaminophen) is not medically necessary.

Prilosec 20 Mg #60: Overturned

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 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 (Prilosec), 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 note that the patient has medication induced gastritis

and Prilosec decreases the patient's GI discomfort. As such, the currently requested Omeprazole is medically necessary.

Ultram 50 Mg #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 Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Ultram (Tramadol), California Pain Medical Treatment Guidelines state that Ultram 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 function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (Tramadol) is not medically necessary.