

Case Number:	CM14-0033232		
Date Assigned:	06/23/2014	Date of Injury:	04/05/2013
Decision Date:	09/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 57 year old male with complaints of neck pain, headache pain, shoulder blade/upper back pain and shoulder pain, and low back pain. The date of injury is 4/5/13 and the mechanism of injury appears to be wear and tear over his period of employment that is job related. At the time of request for the following: 1. Naproxen 550mg #100 2. Flexeril 7.5mg #120 3. Tramadol extended release 150mg #90 4. Sumatriptan 25mg #9x2 5. Odansetron 8mg #30x2 6. Omeprazole 20mg #120, there is subjective (neck pain, migraine headaches, upper back pain, shoulder pain) and objective (tenderness at the cervical paraspinal musculature, upper trapezius muscle spasm, axial load compression tests and spurling's sign is positive, painful and restricted range of motion of the cervical spine, tenderness to palpation bilateral shoulders with impingement sign, lumbar spine tenderness, positive seated nerve root test cervical spine) findings, imaging findings (cervical spine xrays dated 6/3/13 shows spondylosis at C5/6 and C6/7 with anterior ridging and osteophyte formation, C3/4 significant disc collapse, MRI cervical spine dated 9/6/13 shows multi-level degenerative disc disease, C3/4 disc protrusion, facet joint disease, disc protrusions C4/5, C5/6, C6/7, at C5/6 there is moderate canal stenosis with effacement on the thecal sac, MRI lumbar spine same day as cervical shows s/p hemilaminotomy scar over L4-5, L5-S1 disc protrusion, MRI shoulders 7/26/13 which shows supraspinatus tendinopathy, labral tear left shoulder, impingement signs), diagnoses (Cervical and lumbar discopathy, left and right shoulder impingement syndrome with left labral tear, and bilateral rotator cuff tears), and treatment to date (cervical epidural steroids, medications, physical therapy had been requested, surgeries have been recommended). In regards to the pharmacologic therapy requested, there is inconsistent evidence for the use of NSAIDs to treat long term neuropathic pain. Muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic

use. Tramadol has mu-agonist activity as well tri-cyclic characteristics and should be managed according to guidelines set for the prescribing of opioids. There are many documented cases of dependency and abstinence syndrome associated with Tramadol. Per MTUS-Chronic Pain Medical Treatment Guidelines, establishment of a structured opioid prescribing program is strongly recommended. Ondansetron is not recommended for nausea secondary to chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium Tablets 550mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Per MTUS-Chronic Pain Medication Treatment Guidelines, there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects. Unfortunately, there is no documentation of efficacy of pharmacologic therapy in the medical records provided. Therefore, naproxen 550mg is not medically necessary.

Cyclobenzaprine Hydrochloride tablets 7.5mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Chapter, Procedure Summary (last updated 01/07/2014), non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use. Again, there is no documentation of drug efficacy, improvement in function, nor is there mention of any specific duration of treatment. Therefore, this drug is not medically necessary.

Tramadol Hydrochloride ER 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Therapeutic Trial).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Tramadol has mu-agonist activity as well tri-cyclic characteristics and should be managed according to guidelines set for the prescribing of opioids. There is many documented cases of dependency and abstinence syndrome associated with Tramadol. Per MTUS-Chronic Pain Medical Treatment Guidelines, establishment of a structured opioid prescribing program is strongly recommended. As there is no documentation of efficacy of treatment with tramadol nor any surveillance recorded in the medical records provided, the request is not medically necessary and appropriate.

Sumatriptan Succinate tablets 25mg, #9 (times 2): 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-TWC), Head Chapter, Procedure Summary (last updated 11/18/2013), Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Head>, <Triptans>.

Decision rationale: Per ODG, Triptans are recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. However, there is no documentation to support the diagnosis of migraines and no supporting documentation of treatment efficacy or follow up to the treatment. Therefore, this pharmaceutical is not medically necessary.

Prescription of Ondansetron ODT Tablets 8mg, #30 (times 2): 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-TWC), Pain Chapter, Procedure Summary (last updated 01/07/2014), Antiemetics (for opioid nausea).

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

Decision rationale: Per ODG, Ondansetron is not recommended for nausea secondary to chronic pain. Also, there is no supporting documentation of treatment side effects. Therefore, the request for Ondansetron is not medically necessary and appropriate.

Omeprazole delayed-release capsules 20mg, #120: 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 NSAIDS
Page(s): 67-72.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, the addition of a PPI in the setting of long term NSAID use may be indicated if gastrointestinal symptoms are present. In this case, there is no documentation to support the continued use of NSAID nor is there any mention of gastrointestinal symptoms. Therefore, the request for omeprazole 20mg is not medically necessary and appropriate.